TM

# User Manual

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# INTRODUCTION

## ABOUT CODEHERO

CodeHERO is a powerful Census Management, Revenue Cycle Optimization and Perfomance Analytics Platform. Its cloud-based collaborative database handles all aspects of medical and surgical charge capture.

With CodeHERO you can easily manage, record and post charges for any outpatient or hospital-based patient care activity using either a mobile or desktop interface. Meanwhile, billing staff quickly and efficiently process charges using CodeHERO's powerful financial platform in concert with existing practice management software.

CodeHERO's remarkable design brings deep functionality to every area of the medical charge capture environment.

This manual provides a detailed description of all features and components, including:

- Practice setup and management
- Rounding and entering charges
- Using the Admission Control Module
- Communication and SMS paging
- Processing Charges
- Reporting and Dashboard Features

## ABOUT MCA SYSTEMS INC

CodeHERO was designed, built, and tested by physicians and professional medical coders. Medical Charge Acquisition (MCA) is our primary focus and CodeHERO is our flagship product.

Our passionate dedication to CodeHERO grew out of a need for a well designed medical coding platform to process charges for services rendered outside of the office setting. We needed a solution with the functionality to handle complex rounding and coding scenarios and the power of an enterprise-level financial billing platform.

Disappointed by the lack of functionality in other programs, we set out to build our own. In 2004 we developed a mobile database with the basic features we needed.

In 2009 we began development of the new CodeHERO database and through extensive testing and development, created the most innovative medical billing and coding platform ever. We successfully deployed CodeHERO in our own practice and now service all the major medical and surgical specialties.

We are committed to helping you make the most of CodeHERO because we know how beneficial it can be to your practice. We strive to remain innovative and forward-thinking in our approach and welcome your feedback and ideas.

Thank you for choosing CodeHERO.

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# OVERVIEW OF FEATURES

## PURPOSE

CodeHERO is a collaborative census management tool that improves communication between all members of the care and billing team. It is designed to acquire, collate and transmit medical billing data using a secure cloud- based application. Patient demographic information, diagnoses, supporting clinical documents, and medical charges are captured at the point of care using either a mobile or desktop interface. Data is then processed, collated, and transmitted for billing in concert with mainline practice management software. Reporting and analytics support revenue cycle optimization and practice improvement objectives.

## COMPLEX CENSUS MANAGEMENT

CodeHERO's intelligent clinical workflow gives providers the point-of-care functionality that makes managing the day-to-day activities of a complex medical practice easy. Providers are able to efficiently keep track of the patients they treat. They can easily sign-out patients to other providers for coverage, and send messages to communicate care plans and to do items. Charges and diagnosis can be entered by any care-giver and all information is rapidly passed through to billing.

The flow of patients within the system is managed by the Admission Control Module. This innovative feature contains a Hot List utility that displays patients you will encounter in your rounds. CodeHERO Pro accepts ADT and HL7 notifications from office and hospital scheduling software, and then automatically places patients on the Hot List.

## REVENUE CYCLE OPTIMIZATION

One thing that distinguishes CodeHERO from other programs is the thorough and meticulous design of the billing workflow.

CodeHERO is able to process codes along multiple workflows to match your practice and billing style. This guide will help you set up the billing workflow to meet the needs of your individual practice.

Choose to edit your codes right in CodeHERO, process them manually, or export directly to your practice management system or to a billing clearinghouse. CodeHERO's adaptable code processing workflow compliments your practice style.

The billing platform also provides a search and report feature as well as a dashboard display that shows the flow of charges across the system. This allows administrators to track productivity, reconcile charges, and avoid missing tickets.

## ENTERPRISE-GRADE INTERFACE ENGINE

CodeHERO uses layered interface technology to protect sensitive database elements while simultaneously gathering real-time patient demographic information from practice management systems, hospital financial platforms, EMRs, and scheduling software.

The CodeHERO Pro edition works in harmony with practice management systems; like Greenway and Allscripts, for example. Important practice related data, and all patients currently in your PM system will automatically appear in CodeHERO.

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CodeHERO Pro also accepts ADT and HL7 transactions from private and hospital based EMR / financial platforms.

## PRACTICE MANAGEMENT INTERFACE

Virtually eliminate the need to manually key in demographic data, referring providers, insurance information and hospital affiliations, by synchronizing patient and practice information with your practice management system. Quickly reconcile new patients without interrupting the charge capture process.

## BILLING EXPORT INTERFACE

Export charges directly into your practice management program or billing clearinghouse. If you already have an office based EMR, CodeHERO gives you the option to utilize the same workflow maintaining staff efficiency.

## HOSPITAL SYSTEM INTERFACE

Gather patient demographic information from your hospital's registration system to populate your census in CodeHERO without having to re-enter data.

## INTEGRATED MESSAGING

CodeHERO's integrated messaging and SMS texting system is fast, reliable, and secure.

(Additional data fees apply)

## SECURITY

CodeHERO is HIPAA compliant, encrypted, backed-up offsite, password protected and user role specific. All PHI events are recorded and cataloged.

CodeHERO has passed thorough penetration testing, conducted by an independent third party.

Easily track the flow of charges across the system and monitor key practice performance indicators.

## REPORTING, ANALYTICS AND ADMINISTRATIVE FEATURES

Be aware of key practice performance indicators at a glance using the integrated administrator dashboard and reporting platform. A host of standard reports are built in and ready to run at any time. Additional custom reports are able to be created at your request for a nominal fee.

Easily manage users, security, clinical teams, hospital affiliations, practice specific custom fields, options and more.

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# PRACTICE SETUP AND MANAGEMENT

When you subscribe to CodeHERO an implementation specialist will be assigned to your practice. We will contact you to review your account information. Once verified, we will create a unique account for your practice and create the Practice Administrator user. This manual will guide you through the process of creating additional users, populating the database with patients /hospitals/referring physicians, and managing custom features. If your practice is part of a larger organization using CodeHERO the Enterprise feature will allow your practice to be nested within the large organization to support centralized billing and reporting. These settings, among others will be configured by your Enterprise account administrator.

As part of your implementation process, you will participate in an interview where we will discuss your current rounding and billing workflows to determine which settings to apply to your account to best suit your practice. Use this manual to learn about all the CodeHERO features in preparation for setting up your practice.

## LOGGING IN THE FIRST TIME

The CodeHERO application can be accessed from any computer or hand-held device with access to the internet. Desktop users can navigate directly to the application site at app.gocodehero.com. Mobile device users access the program at http://m.gocodehero.com/.

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## NAVIGATION BASICS

Users can enter the different workflow areas of code hero by clicking on one of the navigation icons located at the top of the CodeHERO screen.

The navigation icons direct users to the different workflows within CodeHERO

- **Dashboard** - Displays an overview of key practice performance indicators, reporting and analytics.
- **Rounding** - Where clinical users access their patient list and enter charges.
- **Admission Control** – Manages the flow of patients within CodeHERO.
- **Billing** – Process the codes entered in the Rounding workflow.
- **Administration** – Manages all the customizable features in CodeHERO
- **Account** - Manages information about the current user.

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## ADMINISTRATIVE WORKFLOW

Click on the Administration navigation icon to see the administrative features.

Note:  Some features are only available to users with practice Administrator Privileges.

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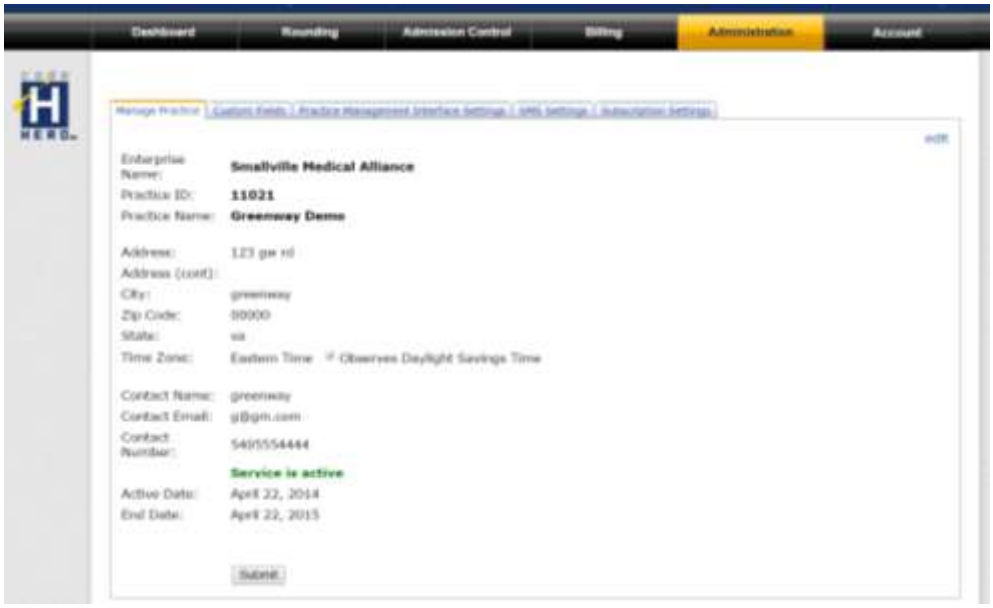
## PRACTICE SETTINGS

From the Administration tab, click on Manage Practice to view and edit your Practice Settings.




## EDITING PRACTICE SETTINGS

From the Administration tab, click on Manage Practice to view your Practice Settings, then click edit to make changes.

Click Submit to update your practice settings.

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## MANAGING CUSTOM FIELDS

From the Administration tab, click on Manage Practice to view your Practice Settings, then click Custom Fields.

Custom fields are patient specific fields that are unique to your practice. You can create up to 10 custom fields. Each field permanently stores information in your database.

Use it to create ways to group patients or store certain patient related information that may be unique to your practice. Examples of custom fields are as follows:

- DNR
- Preferred Clinic Location
- In Collections
- Research Participant

Fields may contain text, or be check boxes. Once the custom field is created, the data entered will always be present within the database.

**IMPORTANT: Once you have begun entering data in patient files using a custom field, we recommend that you do not modify it. If you wish to retire a custom field, simply create a new one. Never reuse a custom field, or change its description once data has been entered in a patient record using a custom field.**

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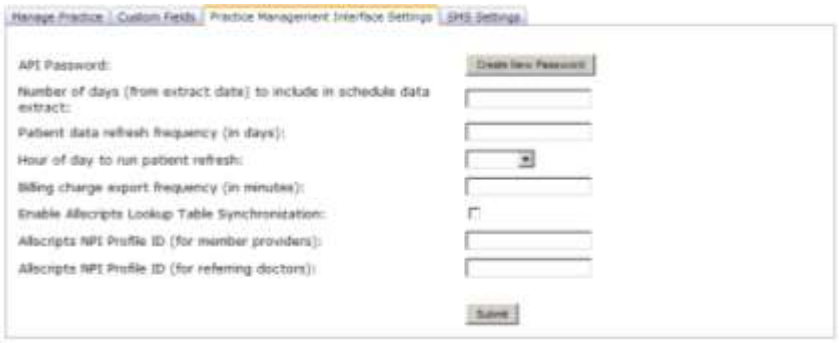
## INTERFACE SETTINGS

From the Administration tab, click on Manage Practice to view your Practice Settings, then click Practice Management Interface Settings.

Depending on your PM system, CodeHERO administrators can manage the settings which control the practice management interface.


Manage Practice
Custom Fields
Practice Management Interface Settings
EMR Settings
API Password:
Create New Password
Number of days (from extract date) to include in schedule data extract:
Patient data refresh frequency (in days):
Hour of day to run patient refresh:
Billing charge export frequency (in minutes):
Enable Allscripts Lookup Table Synchronization:
Allscripts NPI Profile ID (for member providers):
Allscripts NPI Profile ID (for referring doctors):
Submit

Your implementation specialist will assist you in the configuration of this utility when your practice interface is installed.

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## SMS SETTINGS

From the Administration tab, click on Manage Practice to view your Practice Settings, then click SMS Setting.

CodeHERO users can send SMS text messages to clinical users, alerting them of changes in their rounding census.

A Message Media SMS texting subscription is required to use the SMS texting feature.

- Enter the Message Media Service User Name and Password to activate the CodeHERO SMS Messaging feature.

Contact your implementation specialist to receive a Message Media Account Application.

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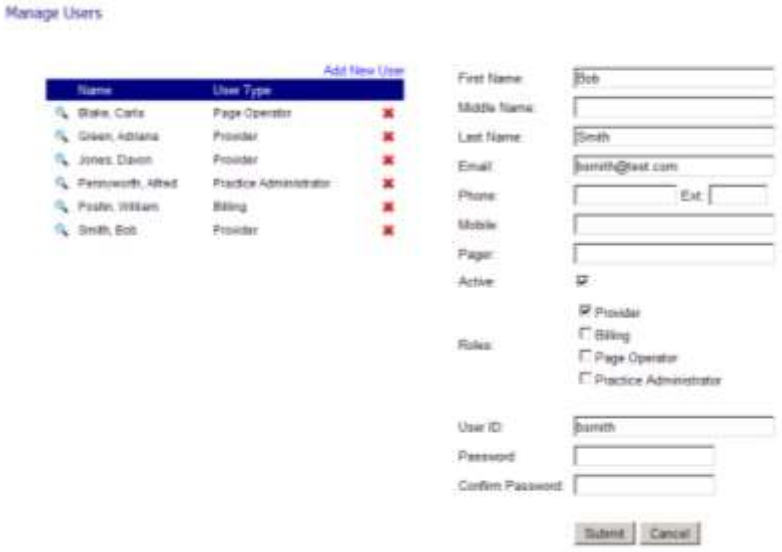
## CREATING AND MANAGING USERS

From the Administration tab click Manage Users to view and edit users.

**Note: Only Practice Administrators have access to this area.**

Click on the magnifying Glass icon ( ) next to a user's name to view and edit the information.




## USER TYPES AND ROLES

CodeHERO manages the security features of the program based on the role assigned to each user. A user can have more than one role if necessary based on your practice needs.

Assign each user to one or more user groups based on their job description.

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- Provider – Doctors, Physician Assistants, Nurse Practitioners, Residents… These are the only users who have access to the rounding workflow and can enter charges on patient encounters.

**Note: Each CodeHERO subscription gives you one Active Provider license. You may create more providers, but may not exceed the number of Active Provider Licenses at any given time. Please contact your account representative if you wish to purchase more licenses.**

- Billing – Billing and code management personnel responsible for scrubbing and processing patient charges.
- Page Operator – Users who control the flow of patients within your practice including schedulers.
- Practice Administrator – User who manages all practice settings and user accounts.
- Enterprise Administrator – This user type can manage and configure Enterprise Accounts. It can only be assigned by a System Administrator.
- Enterprise Biller – Large Multi-Practice organizations that use a centralized billing team can assign Enterprise Billers, who can switch between CodeHERO accounts to work charges coming in from multiple practices.

Check "**Active**" to activate that user.

If it ever becomes necessary to inactivate a user, simply uncheck this box and their login will be deactivated.

**Note: If your practice intends to use SMS messaging, it is important to fill in a Mobile # for each user.**

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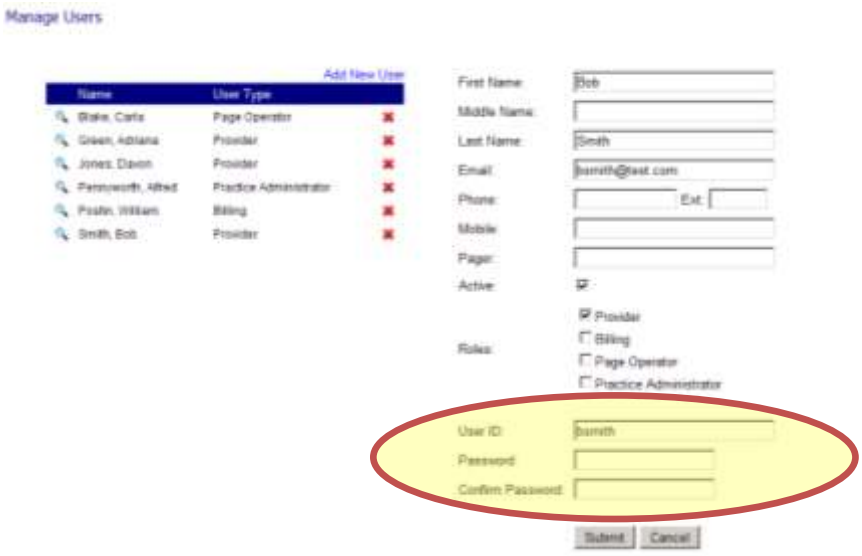
## ASSIGN USER ID AND PASSWORD

When adding or editing user information you must create a User ID and Password




User ID Criteria

- Must be at least 8 characters long

Password Criteria

- Must be at least 8 characters long
- Must contain at least 1 capital letter
- Must contain at least 1 number

**Note: Once a user logs in they can change their own password using the Account Tab.**

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## CREATING AND MANAGING SERVICE LOCATIONS

From the Administration tab, click on Manage Service Locations to view and edit your service locations.

A service location is any facility where a provider may encounter a patient and enter charges. Each practice has the ability to organize the practice locations to suit their individual needs. It is recommended that you choose a location name that will be easily recognizable by both your clinical users and billing personnel.

Keep in mind that the locations used here will also be used to sort the patients on the rounding list.

Click “Add Location” to create a new location.

Click the magnifying Glass ( ) to edit a location.

Click the ( ) to delete a location.

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## MANAGING PRACTITIONERS

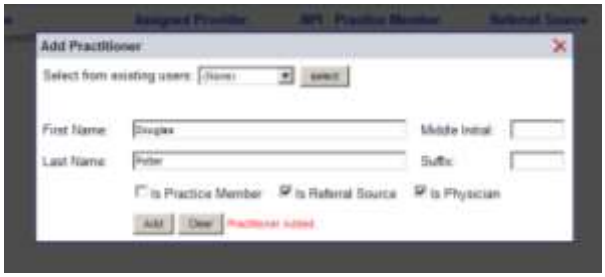
From the Administration tab, click on Manage Practitioners to view and edit the names and contact information for all the providers in our system.

The providers list stores information about all the medical providers in your **community**. CodeHERO Pro users with an interface to a practice management system can import this information directly.

To add a practitioner click “Add Practitioner”

Enter available information in the fields provided.

Existing users can be added to the Provider Database by selecting them from the drop down menu.




Practioners are listed and can be sorted by clicking on the desired header.

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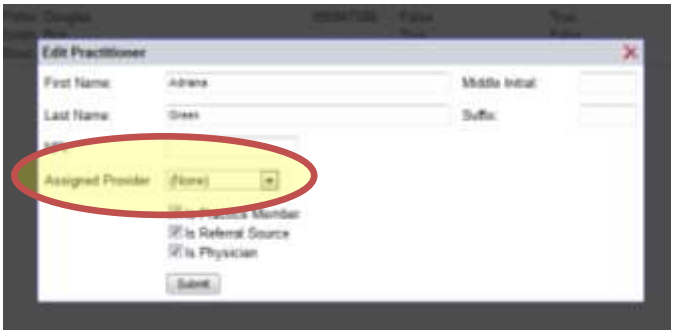
Click the magnifying Glass ( ) to edit a practitioner.

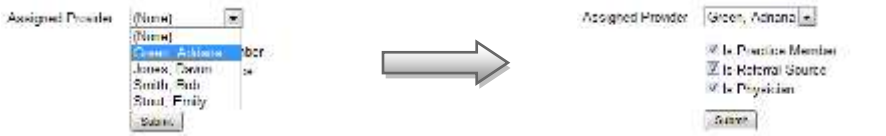
Click the ( ) to delete a practitioner.

## LINKING PHYSICIANS TO A PRACTICE MANAGEMENT SCHEDULING PROGRAM

**Note: If your practice uses CodeHERO Pro with the practice management scheduling interface, you will need to Link your users to the appropriate provider here (this is how CodeHERO knows which scheduled appointments to display on each user's Hot List).**




**Select the matching user from the provider dropdown to link CodeHERO to the**

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## ROUNDING TEAMS / GROUPS

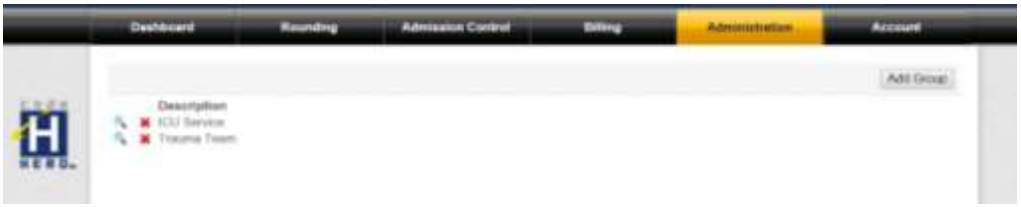
Rounding Groups or Teams serve two purposes and can be used interchangeably:

1. Allow users to create a list of patients shared by all providers for the purpose of Team Rounding.
2. Allows users to more easily find a covering provider in their group when using the covering tool in rounding.

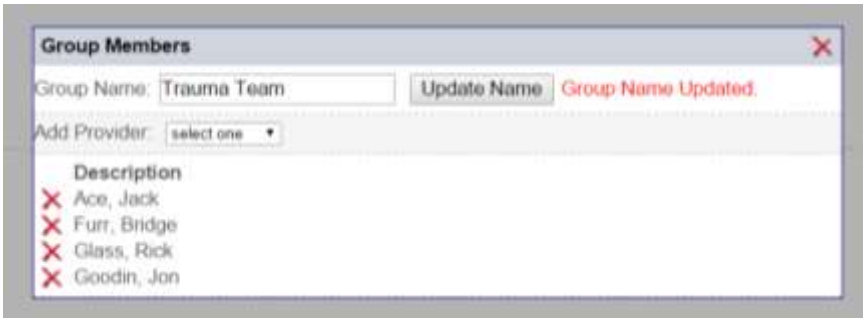
From the Administration tab, click on Manage Rounding Groups to view and edit rounding groups.

CodeHERO allows you to create as many groups as needed to organize your practice.

Click “Add Group” to create a new Group.




Click the magnifying Glass ( ) to edit a group.




Click the ( ) to delete a group or a member.

NOTE: You must have at least one provider assigned to each group.

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## MANAGING CPT® CODES

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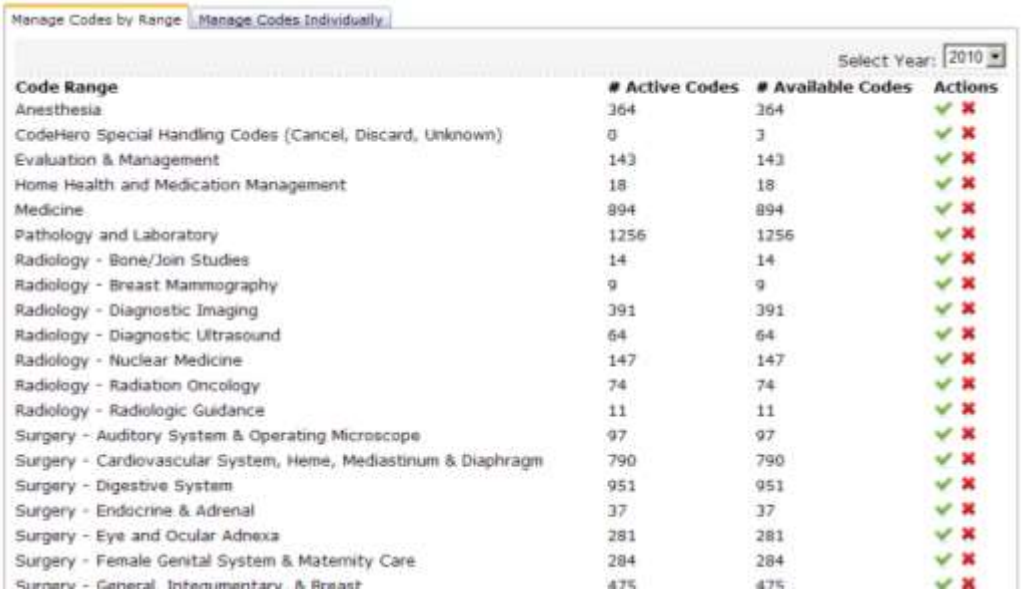
From the Administration tab, click on Manage CPT® Codes to view and edit your CPT® Codes.

Codes can be activated or deactivated individually, or by specialty area.




| Code Range | # Active Codes | # Available Codes | Actions |
|---|---|---|---|
| Anesthesia | 364 | 364 | |
| CodeHero Special Handling Codes (Cancel, Discard, Unknown) | 0 | 3 | |
| Evaluation & Management | 143 | 143 | |
| Home Health and Medication Management | 18 | 18 | |
| Medicine | 894 | 894 | |
| Pathology and Laboratory | 1256 | 1256 | |
| Radiology - Bone/Join Studies | 14 | 14 | |
| Radiology - Breast Mammography | 9 | 9 | |
| Radiology - Diagnostic Imaging | 391 | 391 | |
| Radiology - Diagnostic Ultrasound | 64 | 64 | |
| Radiology - Nuclear Medicine | 147 | 147 | |
| Radiology - Radiation Oncology | 74 | 74 | |
| Radiology - Radiologic Guidance | 11 | 11 | |
| Surgery - Auditory System & Operating Microscope | 97 | 97 | |
| Surgery - Cardiovascular System, Heme, Mediastinum & Diaphragm | 790 | 790 | |
| Surgery - Digestive System | 951 | 951 | |
| Surgery - Endocrine & Adrenal | 37 | 37 | |
| Surgery - Eye and Ocular Adnexa | 281 | 281 | |
| Surgery - Female Genital System & Maternity Care | 284 | 284 | |
| Surgery - General, Integumentary, & Breast | 475 | 475 | |

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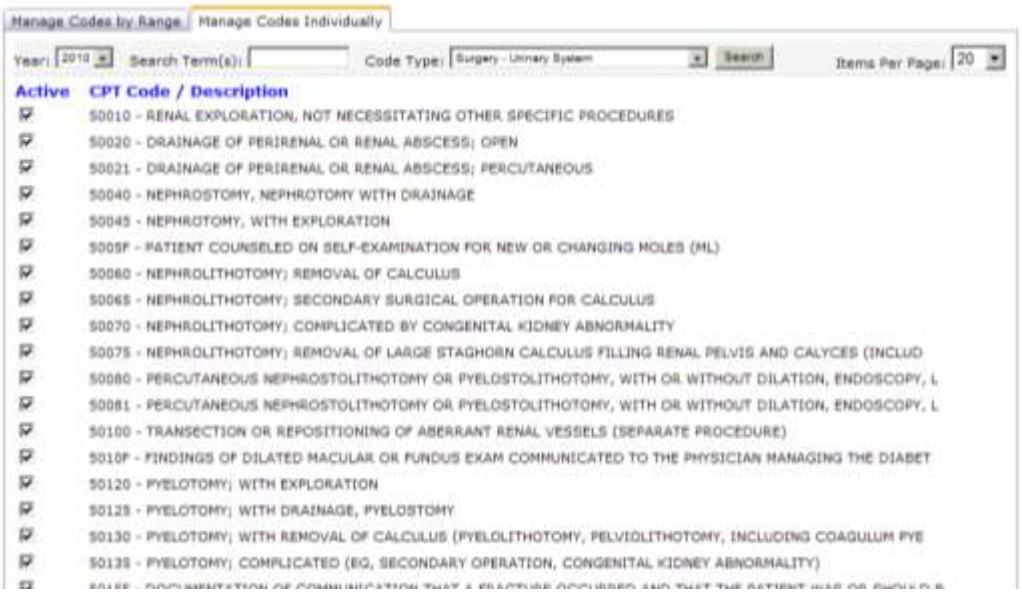
Manage Codes by Range
Manage Codes Individually
Year: 2010
Search Term(s):
Code Type: Surgery - Urinary System
Search
Items Per Page: 20
Active
CPT Code / Description
50010 - RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES
50020 - DRAINAGE OF PERIRENAL OR RENAL ABSCESS; OPEN
50021 - DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS
50040 - NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE
50045 - NEPHROTOMY, WITH EXPLORATION
5005F - PATIENT COUNSELED ON SELF-EXAMINATION FOR NEW OR CHANGING MOLES (ML)
50060 - NEPHROLITHOTOMY; REMOVAL OF CALCULUS
50065 - NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS
50070 - NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY
50075 - NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND CALYCES (INCLUD
50080 - PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, L
50081 - PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, L
50100 - TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)
5010F - FINDINGS OF DILATED MACULAR OR FUNDUS EXAM COMMUNICATED TO THE PHYSICIAN MANAGING THE DIABET
50120 - PYELOTOMY; WITH EXPLORATION
50125 - PYELOTOMY; WITH DRAINAGE, PYELOSTOMY
50130 - PYELOTOMY; WITH REMOVAL OF CALCULUS (PYELOLITHOTOMY, PELVIOLITHOTOMY, INCLUDING COAGULUM PYE
50135 - PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMALITY)

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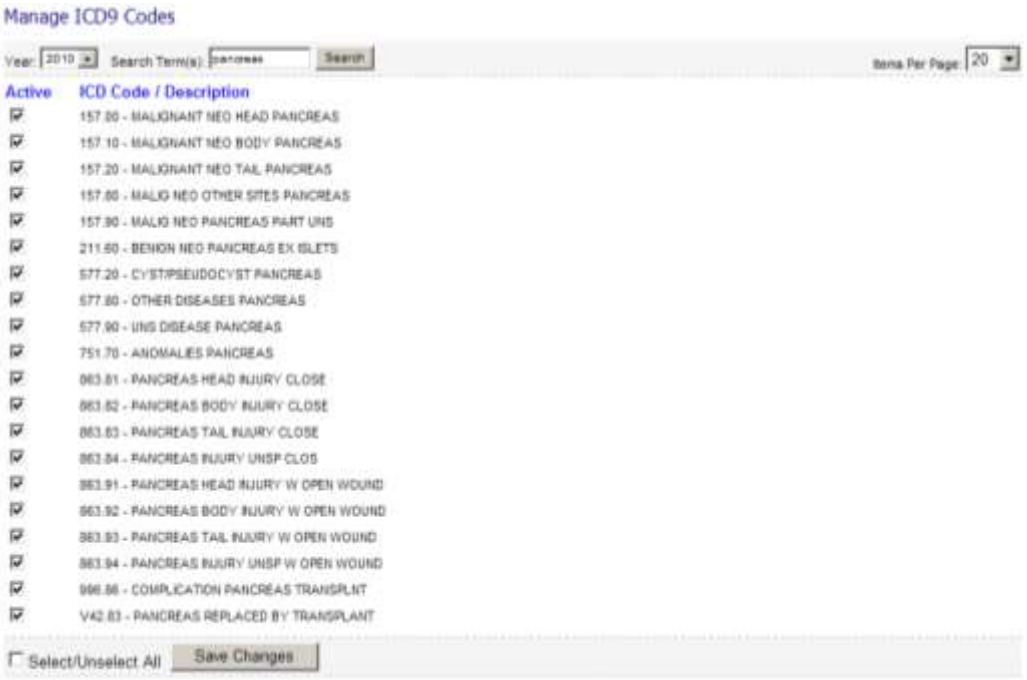
## MANAGING ICD CODES

From the Administration tab, click on Manage ICD Codes to view and edit your ICD Codes.

By default, CodeHERO loads the entire current ICD table with all associated diagnosis descriptions.

If you wish to selectively activate or deactivate a particular diagnosis, you may do so by entering search criteria in the designated fields and selecting the desired code(s).


Manage ICD9 Codes
Year: 2010
Search Term(s): pancreas
Search
Items Per Page: 20
Active
ICD Code / Description
157.00 - MALIGNANT NEO HEAD PANCREAS
157.10 - MALIGNANT NEO BODY PANCREAS
157.20 - MALIGNANT NEO TAIL PANCREAS
157.80 - MALIG NEO OTHER SITES PANCREAS
157.90 - MALIG NEO PANCREAS PART UNS
211.60 - BENIGN NEO PANCREAS EX ISLETS
577.20 - CYST/PSEUDOCYST PANCREAS
577.80 - OTHER DISEASES PANCREAS
577.90 - UNS DISEASE PANCREAS
751.70 - ANOMALIES PANCREAS
863.81 - PANCREAS HEAD INJURY CLOSE
863.82 - PANCREAS BODY INJURY CLOSE
863.83 - PANCREAS TAIL INJURY CLOSE
863.84 - PANCREAS INJURY UNSP CLOS
863.91 - PANCREAS HEAD INJURY W OPEN WOUND
863.92 - PANCREAS BODY INJURY W OPEN WOUND
863.93 - PANCREAS TAIL INJURY W OPEN WOUND
863.94 - PANCREAS INJURY UNSP W OPEN WOUND
998.86 - COMPLICATION PANCREAS TRANSPLNT
V42.83 - PANCREAS REPLACED BY TRANSPLANT
Select/Unselect All
Save Changes

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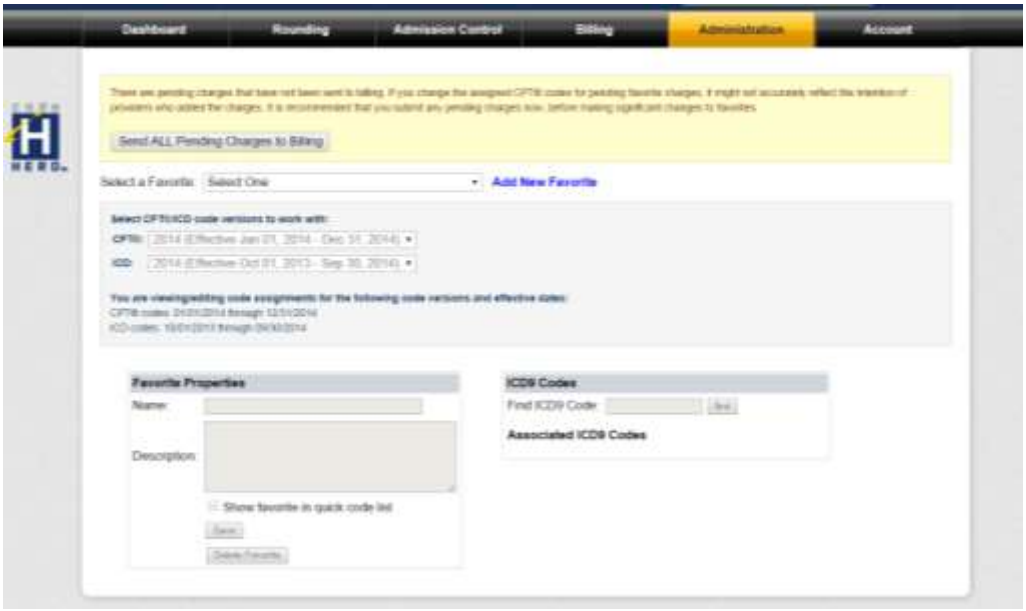
## CUSTOM CODE BUNDLES AND FAVORITES

CodeHERO allows you to easily designate favorite codes or create custom code bundles for complex procedures. You can even attach modifiers and link bundles with appropriate diagnosis codes so providers can easily code for multi-step procedures with a single click.

Select Bundles can also be designated to appear in the Quick Code dropdown menu. Providers can access these codes directly from the rounding list without having to open the patient record.

## CREATING A CUSTOM BUNDLE OR FAVORITE

From the Administration tab, click on Manage Bundles/Quick List Favorites to view and edit your code bundles and favorites.




Click “Add new Favorite” to create a new favorite code or bundle of codes.

Enter the name of your favorite. This is the name clinicians will see in the favorites list.

Choose the year for which the Favorite is to apply from the drop down list.

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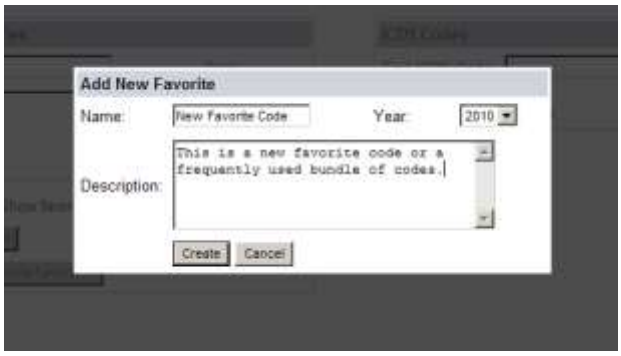


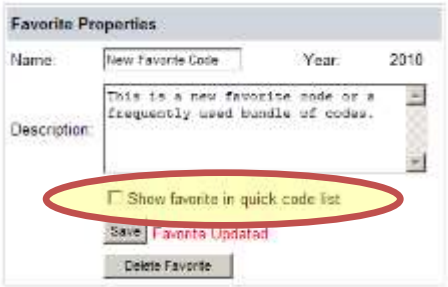

Once the Bundle name is created you can edit it by choosing it from the drop down list.

You can then edit the Name, Description, and the year for which the Bundle is active.

Click “Save” to save your changes.

## ADDING A FAVOTITE TO THE QUICK CODE DROPDOWN

A list of favorites is accessible directly from the Rounding Census to allow users to rapidly code for favorite procedures without opening the patient record.




Select “Show favorite in quick code list” to make this code bundle available directly from the rounding list.

**Note: The list of Favorites is usually displayed alphabetically when viewed in the Rounding Workflow. You can create Favorites that always show up at the top of the list by starting the Favorite name with a Special Character such as * or ~.**

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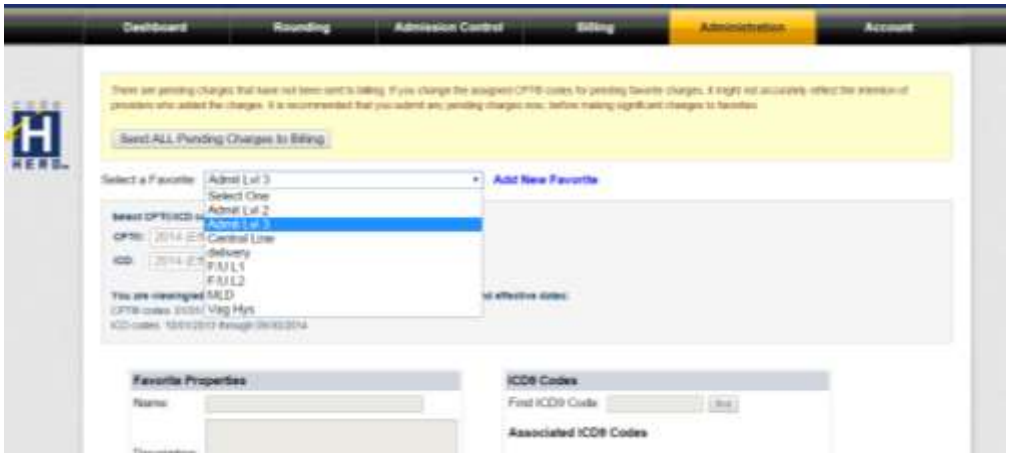
**Note: Each Favorite is assigned a year. It is important to review each Favorite annually and update the active year to make sure none of the codes have been changed.**

## ADDING CPT® CODES TO A BUNDLE

Once you have created the Bundled Name and Description, you can begin adding CPT® Codes and Modifiers.

Each Bundle can have as many or as few codes as you wish.

Begin by selecting the Favorite you wish to edit from the dropdown.

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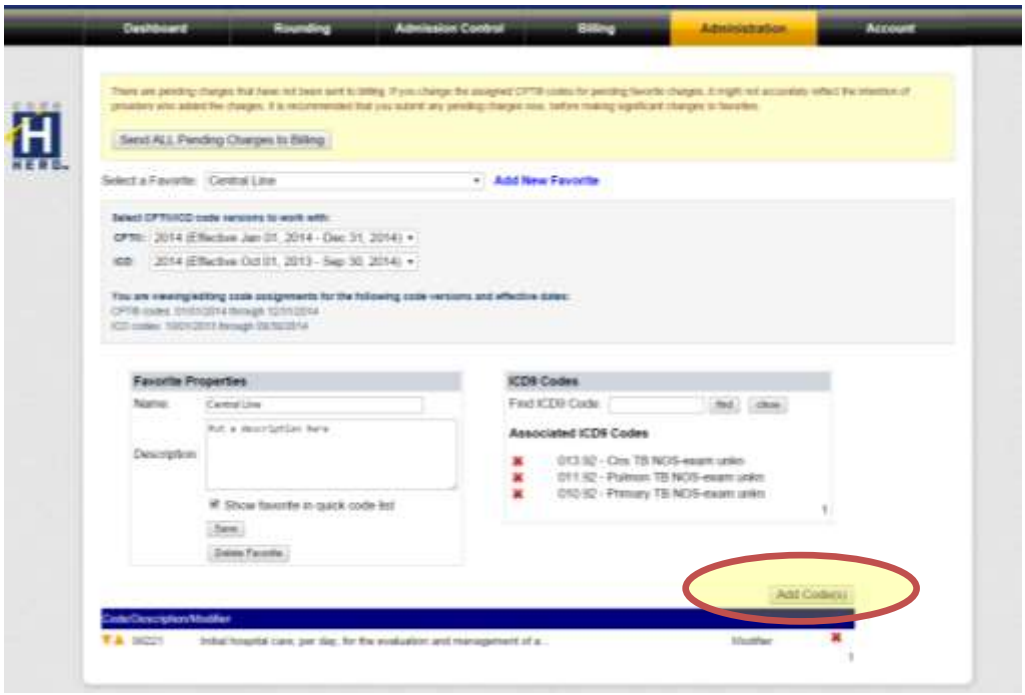
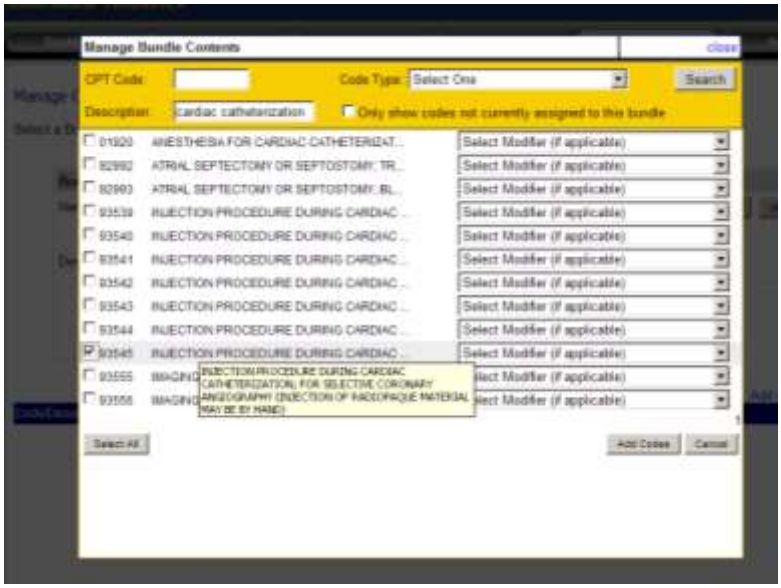
Click “Add Code” to add a CPT® code to that favorite.




Search for and select CPT® codes based on description, code # or range. The results will display in the window below the search fields.


Manage Bundle Contents
close
CPT Code:
Code Type:
Select One
Search
Description:
cardiac catheterization
Only show codes not currently assigned to this bundle
01920 ANESTHESIA FOR CARDIAC CATHETERIZAT...
92992 ATRIAL SEPTECTOMY OR SEPTOSTOMY; TR...
92993 ATRIAL SEPTECTOMY OR SEPTOSTOMY; BL...
93539 INJECTION PROCEDURE DURING CARDIAC ...
93540 INJECTION PROCEDURE DURING CARDIAC ...
93541 INJECTION PROCEDURE DURING CARDIAC ...
93542 INJECTION PROCEDURE DURING CARDIAC ...
93543 INJECTION PROCEDURE DURING CARDIAC ...
93544 INJECTION PROCEDURE DURING CARDIAC ...
93545 INJECTION PROCEDURE DURING CARDIAC ...
Select Modifier (if applicable)
INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE CORONARY ANGIOGRAPHY (INJECTION OF RADIOPAQUE MATERIAL MAY BE BY HAND)
Select All
Add Codes
Cancel

Hovering over a code will display the entire code description.

Click the check box next to the codes you want to include in the Bundle.

Add modifiers to any code by selecting from the drop-down menu.

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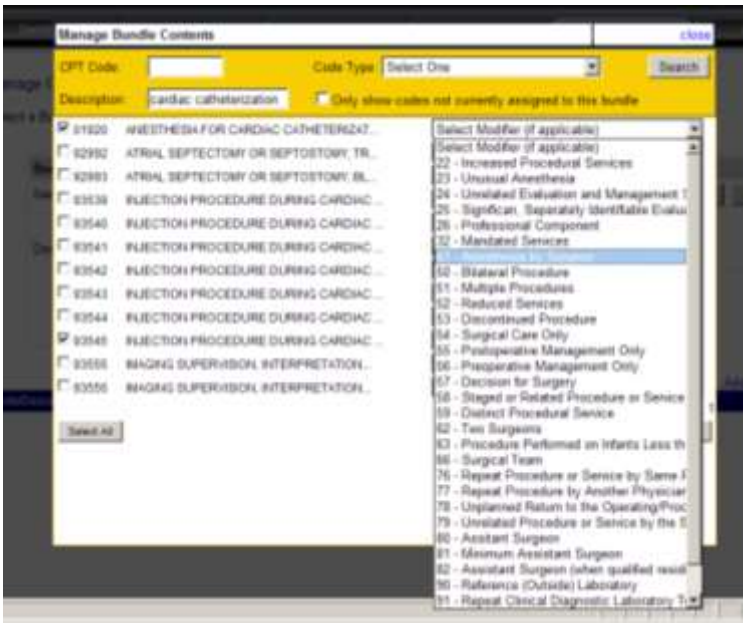
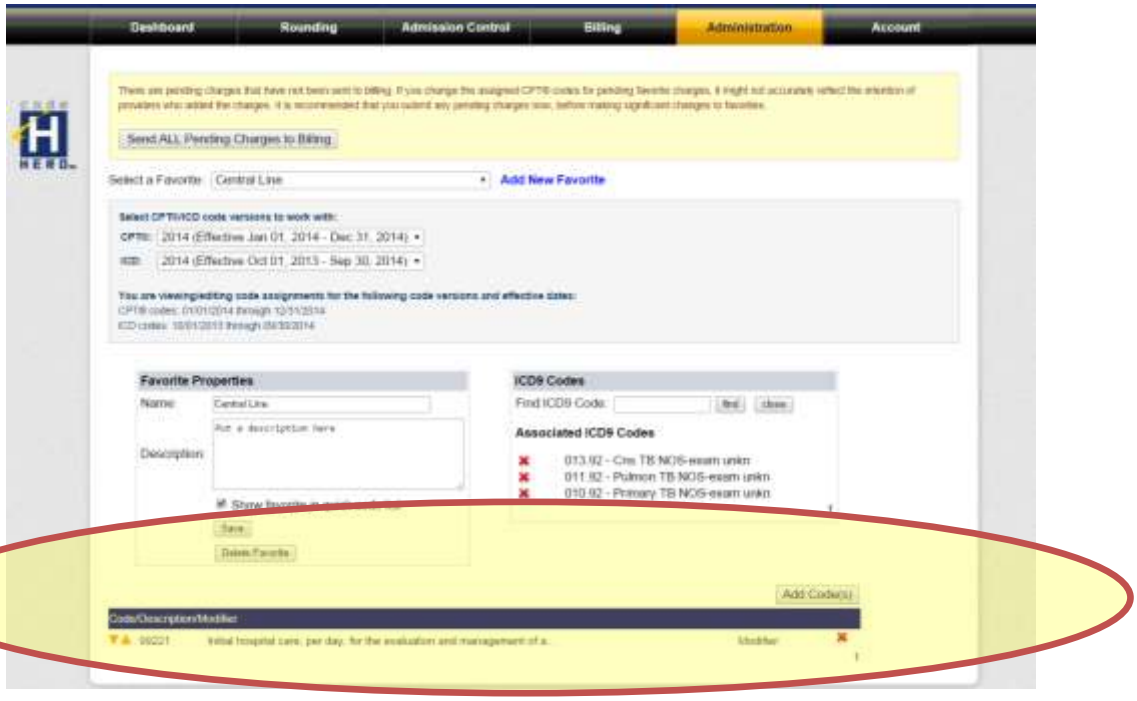



Click “Add Codes” to add the selected codes to your Bundle.

The codes you added now appear in the Bundle.




Click the ( ) to change the order of the codes in the list. The order of these codes will be preserved across the billing workflow.

Click the ( ) to delete a code.

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## LINKING ICD CODES TO A BUNDLE

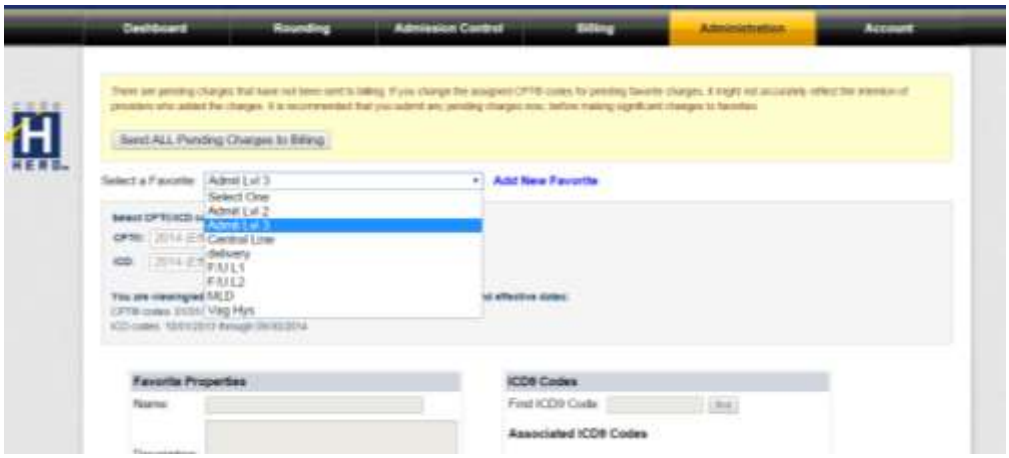
Once you have created the Bundled Name and Description, you can begin linking ICD Codes.

Linked ICD codes help providers assign appropriate diagnosis codes during the rounding process. The Linked ICD codes appear in a list of suggested diagnosis that accompanies each Bundle.

For example, if you create a bundle for Appendectomy, you can link the ICD Appendicitis to that Bundle.

Each Bundle can have as many or as few ICD codes as you wish.

Begin by selecting the Bundle you wish to work on from the dropdown.




Find the ICD code that you need using the ICD finder window.

Select the code you wish to link and click “Add”

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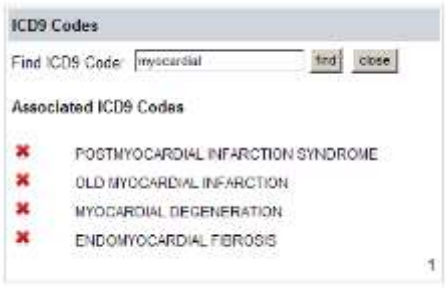


Click the ( ) to delete a code.

## USER SPECIFIC FAVORITES AND BUNDLES

CodeHERO permits each user to select which practice level favorites they want to see in their favorites list. As a default, each favorite that is created is visible for all users, but can be hidden by using the manage favorites tool.

To manage your personal favorites click the Account navigation icon and select the Manage Personal Favorites.

A list of all practice favorites will be listed.

Select any favorites you wish to **hide**. Hidden items will not appear on your favorites list when adding charges during rounding.

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## USING THE ADMISSION CONTROL MODULE

The Admission Control Module TM is a unique patient assignment module which manages the flow of patients inside CodeHERO. It assists with the routing of new patient admissions and consults. Users can manage their own census, or larger practices with complex rounding and cross-coverage teams can use this feature as a central call-management system. Users from any location can access this online tool, route new patients to the appropriate clinician, and simultaneously send out SMS text alerts.

Scalable to your practice model, the Admission Control Module™ manages the flow of patients within CodeHERO. Its innovative design gives users unparalleled control of even the most complex rounding configuration.

The Admission Control Module TM has four main utilities.

- Coverage Assignment – Allows bulk sign-out and assignment of patients to providers or teams.
- Hot List (default)– Lists patients imported by CodeHERO from your PM system or Hospital Feed.
- Search /Add – Allows users to search for patients and adds them to the Hot List or Rounding
- Create New Patient – Allows users to manually create a new patient.

**The following icons appear in the Admission Control Workflow:**

Click to edit a patient's demographic information.

Click to add a patient to a user's Hot List.

Click to add a patient to a user's Rounding Census. (see next chapter)

Click to merge this patient with another. (see section on merge workflow)

The symbol indicates that this patient is currently in rounding.

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## HOT LIST

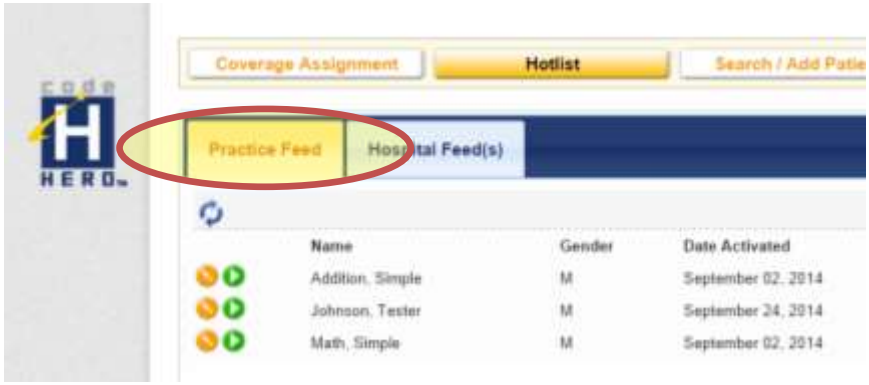
This is the default Admission Control view. It is used to access demographic and appointment information for patients and bring them into the Rounding Workflow.

CodeHERO displays a list of patients you may encounter in your rounds based on ADT and HL7 notifications from office and hospital scheduling software.

There are two tabs, Practice Feed and Hospital Feed. Patients can be added to the rounding census from either of these two sources.

## PRACTICE FEED

Manually added patients, or patients added by office scheduling software will appear on the Practice Feed.




Click to edit a patient's demographic information.

Click to add a patient to a user's Rounding Census. (see next chapter)

## HOSPITAL FEED

Patients added by Hospital ADT messages appear on the External Data Sources tab.

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Click to edit a patient's demographic information.

Click to add a patient to a user's Rounding Census. (see next chapter)

If CodeHERO has received a recent ADT transaction from hospital scheduling software it will automatically populate the patient location, MR#, and status when the patient is added to rounding. This only happens at the time the patient is added to rounding. Users are responsible for updating any data that changes during rounding.

The quality of the data received from your hospital financial platform directly affects the accuracy of Items on the External Data Sources tab. It is not recommended that users rely on this listing to plan daily patient carte activities. Rather, it is best utilized as a source of demographic information designed to greatly reduce the need to manually key in information on patients that a clinician may encounter.

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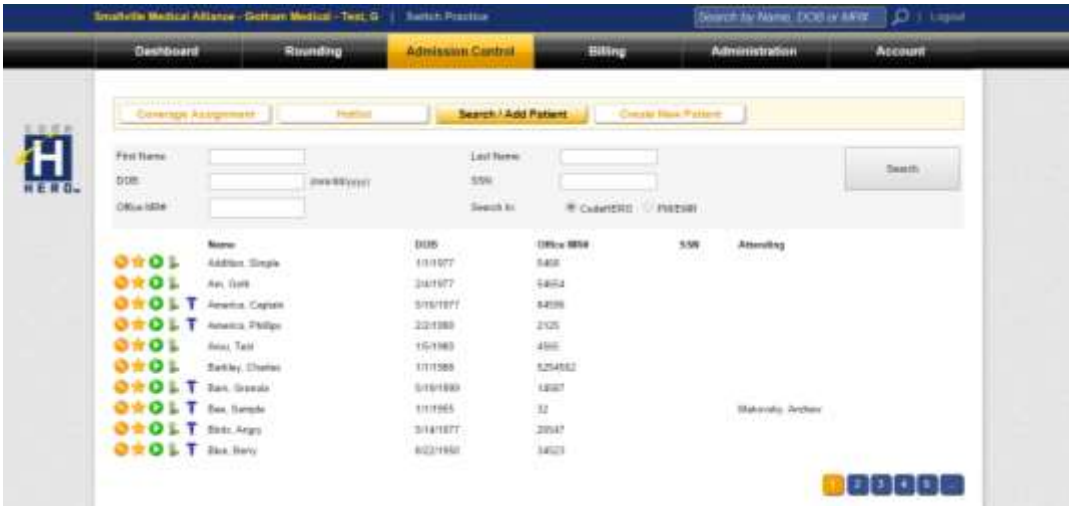
## SEARCH / ADD

If a patient does not appear on your Hot List use the Search/Add Patient feature to search the CodeHERO database for the patient you need.

Enter any available search criteria and click search. The results will be displayed below the search area.




Click to edit a patient's demographic information.

Click to add a patient to a user's Hot List.

Click to add a patient to a user's Rounding Census. (see next chapter)

Click to merge this patient with another. (see section on merge workflow)

The symbol indicates that this patient is currently in rounding.

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## EDITING PATIENT INFORMATION

Click ( ) to edit a patient's demographic information.

Field categories available for editing are as follows:

**Personal**: Office MR#, Name, DOB, Gender, SS#, Marital Status, Comments

**Contact**: Mailing Address and Phone Numbers

**Insurance**: Primary and Secondary Insurance Information

**Custom Fields**: These fields are practice specific and are managed in the Administration Workflow

**Providers**: Usual Provider, Referring Provider, Primary Care Physician

Other actions from this workflow include: (See corresponding section for details. )

**Update From PM**: Some PM interfaces allow demographic information to be refreshed via interface.

**View Documents**: If supported by your hospital interface, supporting dictations and documents may be viewed directly in CodeHERO

**View Most Recent Face Sheet**: View a collated view of all the most recent demographics and insurance information available from the hospital feed.

**Merge**: Merge this patient with another. (Used for eliminating duplicates if necessary.)

Note: CodeHERO Pro users with a Practice Management Interface should edit all information in the PM system as it will automatically transfer to CodeHERO over the interface.

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## ADDING A PATIENT TO THE HOT LIST

Click to add a patient to a user's Hot List

Select the appropriate clinical provider from the drop down.

A note can be added in the note field. This field will be carried forward as the clinical note should the patient be added to a rounding session at a later date.

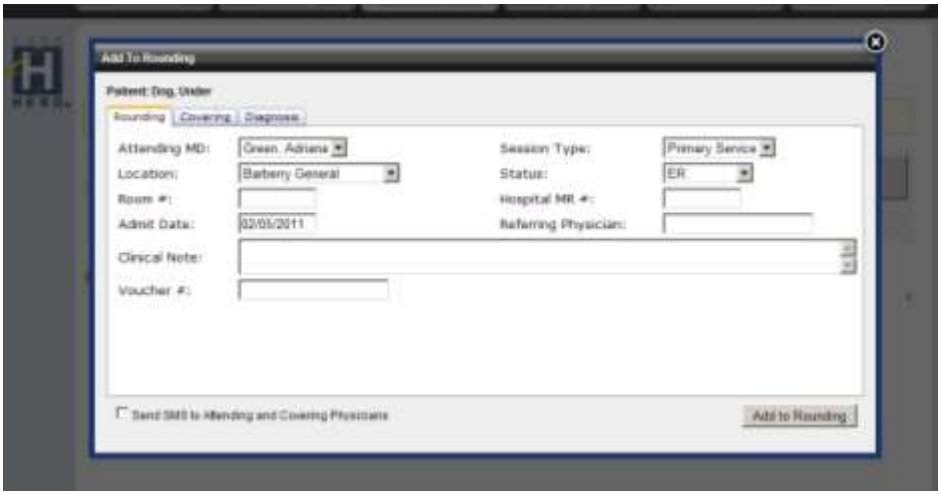
## ADDING A PATIENT TO ROUNDING

CodeHERO stores all the information pertaining to a hospital stay in something called a Rounding Session. This data is shared between providers in your practice. Charges for multiple providers in your practice can be stored in a single rounding session eliminating the need to reenter info each time a patient is seen.

**Every rounding session starts in Admission Control.** (Active rounding sessions are displayed and edited in the Rounding Workflow.)

Click to begin a new rounding session add a patient to one or more users' Rounding Census.

(You can start a rounding session from the Admission Control Hotlist, Search, or Create New tabs.)

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Enter the appropriate information in the fields provided.

Fields stored for each rounding session include

**Attending**: The primary physician for the rounding session from your practice. If the hospitalization is for a scheduled surgery then any voucher # from your PM system will be attached to the rounding session. (interface dependent)

**Session Type**: Consult, Primary, Trauma, ICU, Hospitalist ect…

**Location**: Which Hospital

**Status**: Inpatient, Outpatient, ER, Observation…

**Room #**: Patient physical location

**Hospital MR #**: Medical record Number for that rounding session at that hospital

**Hospital Account #**: Billing Account Number for that rounding session at that hospital

**Rounding Start Date**: Defaults to date which rounding session was activated.

**Admit Date**: If available, populated from the hospital feed, otherwise defaults to the current date. Can be edited by providers or billing staff if needed at any time.

**Referring Physician**: Begin typing and the list will auto complete based on providers on record

**Clinical Note**: Free text that will be passed along with the rounding session and visible to all users participating in the rounding session.

**Voucher #**: Appointment ID # from practice management system. This # will be tagged onto the charges from the Attending Physician only. It is passed back to the PM system for billing and missing ticket reporting.

Note: If CodeHERO has received a recent ADT transaction from hospital scheduling software it will automatically populate the patient location, MR#, and status when the patient is added to rounding.

The patient status data and room numbers are updated during rounding by your hospital interface. This data is stored in a Virtual Face Sheet which is created and maintained for each rounding session based on any information received from your hospital interface. ( interface dependent)

## ADD COVERING PHYSICIANS

Click Covering to select the providers that are participating in the rounding session. The patient will appear the selected users list. Users can be added or removed at any point in the rounding session. By default, if the active user is a provider, this user will be defaulted as a covering provider.

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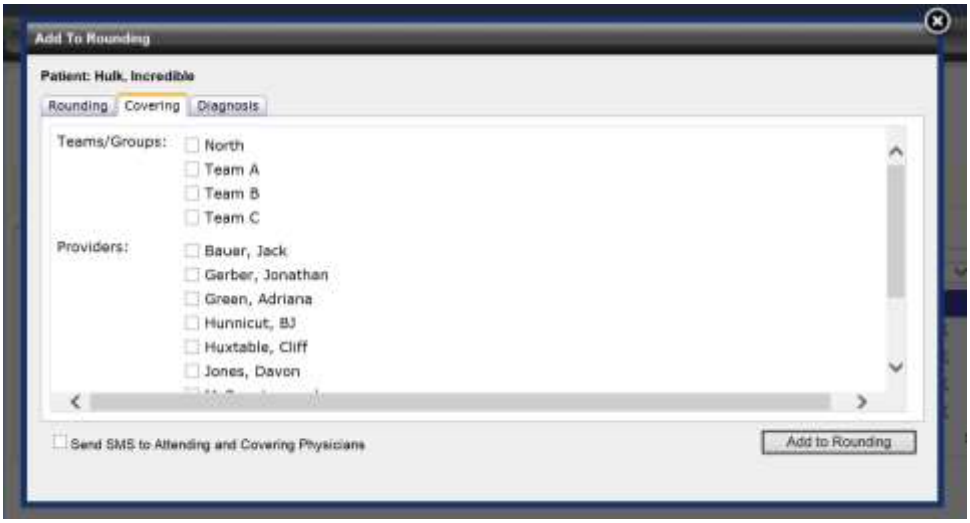
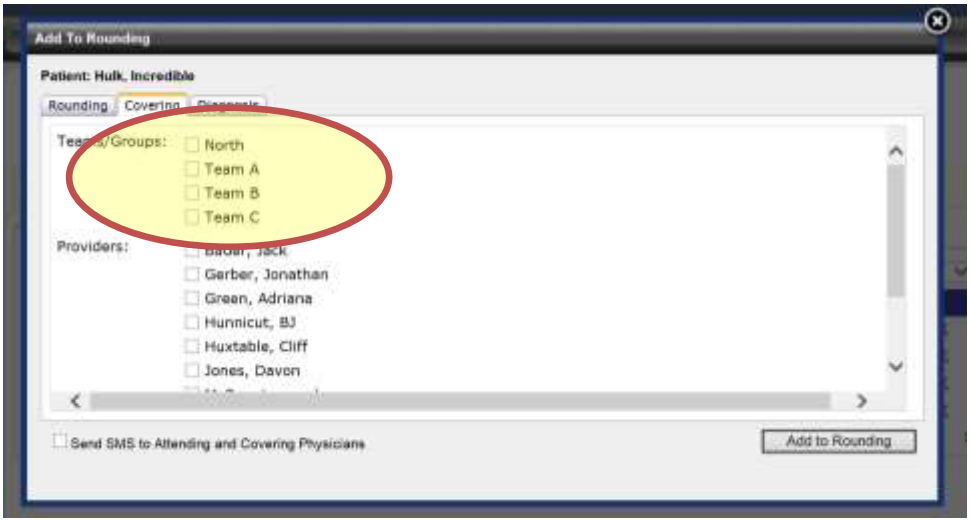



## TEAM ROUNDING FEATURE

CodeHERO allows practices to assign patients to Teams/Groups rather than individual providers if desired. This can be very helpful if, for example, if a practice has a selection of patients that generally remain on the same list, but covered by a rotating schedule of providers or extenders. ( like an ICU team, Dialysis, or Wound Care team for example)




By assigning a Team/Group as the covering entity, the patient will always appear on the Team/Group list. This list can be accessed by any provider in the practice simply by choosing that Team/Group from the provider drop down in the Rounding workflow. ( see sorting the rounding list )

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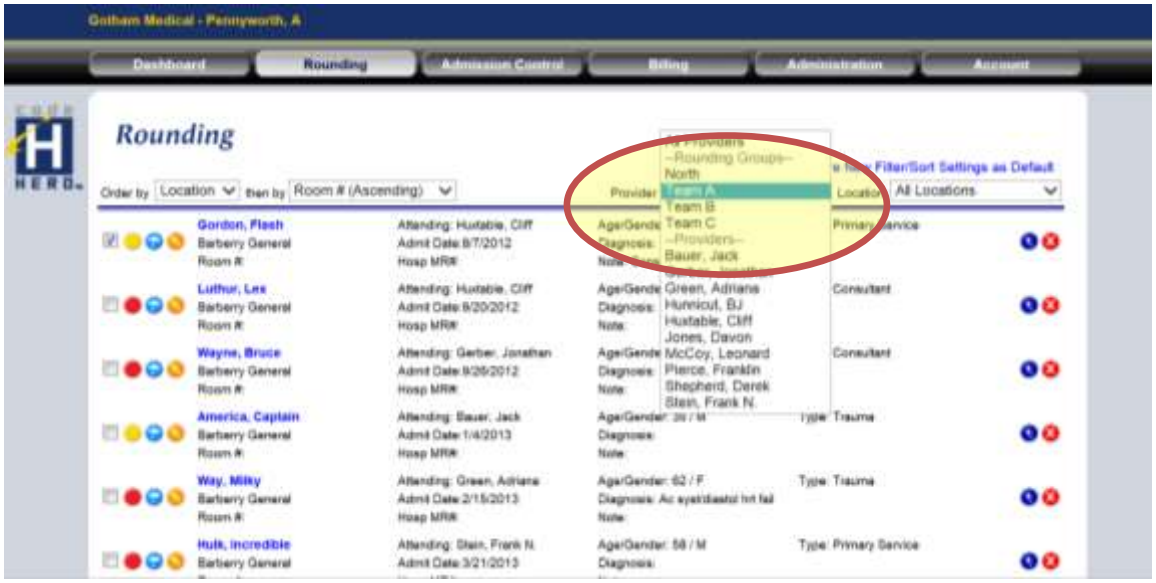
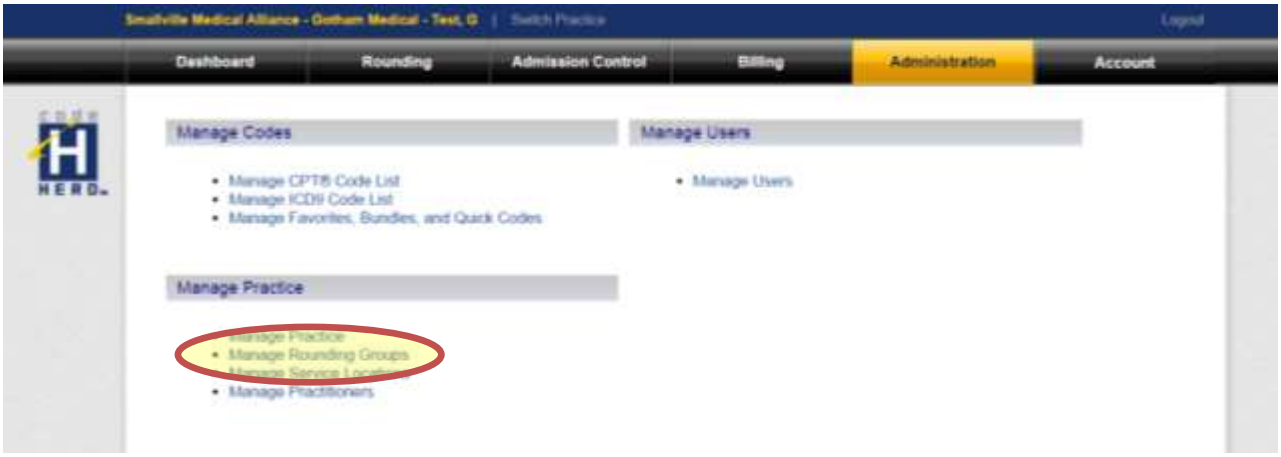



There is great flexibility to this tool and each practice can create as many teams as needed. Teams/Groups can be created edited and deleted in the Administration. ( see managing Rounding Groups)




## ADDING A DIAGNOSIS TO THE ROUNDING SESSION

Click Diagnosis to add a diagnosis to the rounding session.

Search the ICD catalog and click to add a diagnosis.

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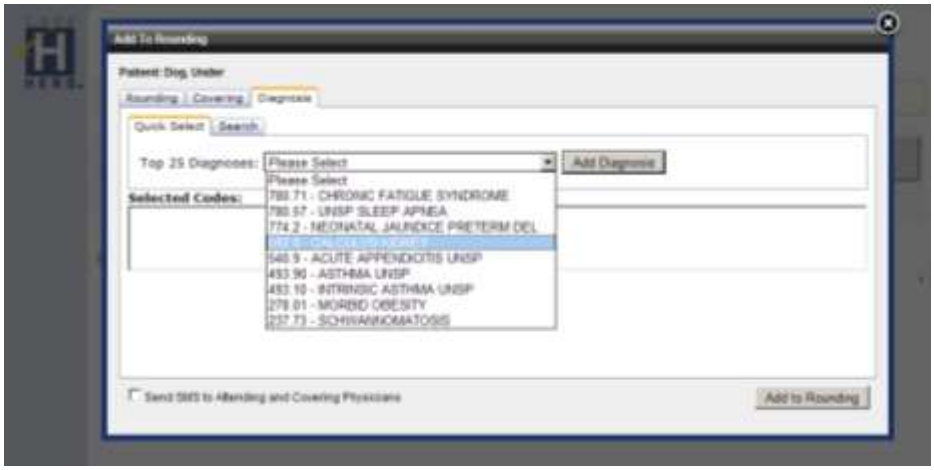
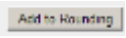
Or select from the top 25 Diagnosis list for your practice.




Click  to complete the process and activate the new Rounding Session.

## A WORD ABOUT ASSISTANT SURGEONS

If you are using CodeHERO Pro with a Practice Management and Scheduling interface there will often be two unique surgical appointments created; one for the Primary Surgeon and one for the Assistant Surgeon.

This occurs intentionally so as to preserve the voucher number created by the PM system for the assistant surgeon.

CodeHERO automatically places the patient on the appropriate user's Hot List.

When activating their rounding session each Surgeon should mark **themselves** as **Attending Physician** to preserve the voucher number.

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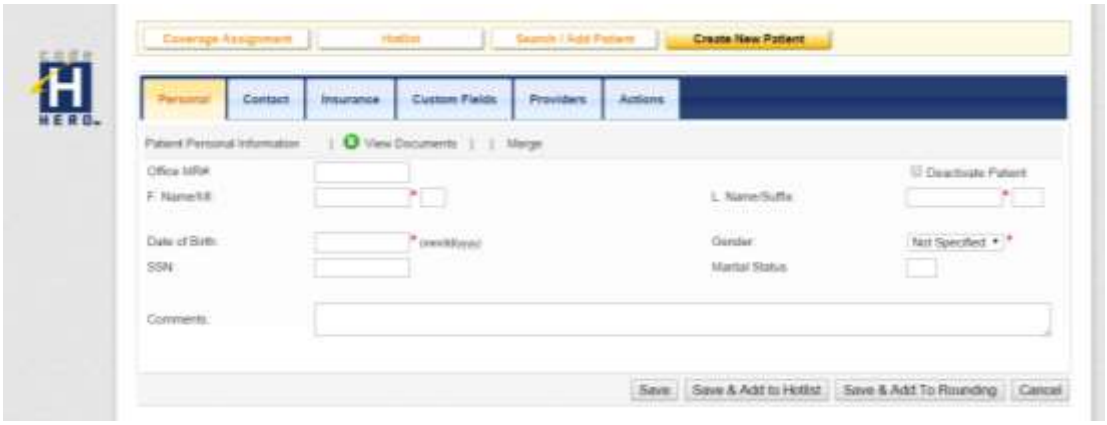
## CREATE NEW PATIENT

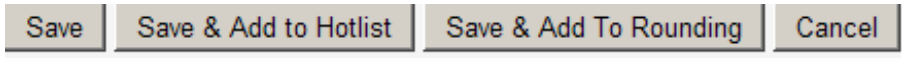
If a user encounters a new patient (is not present in the CodeHERO database), they can be created in Admission Control under the Create New Patient Tab.




Enter the appropriate demographic information into the fields to create a new patient record in CodeHERO.

The only mandatory fields are First Name, Last Name, Date of Birth, and Gender.

Click the appropriate action button when you are finished.

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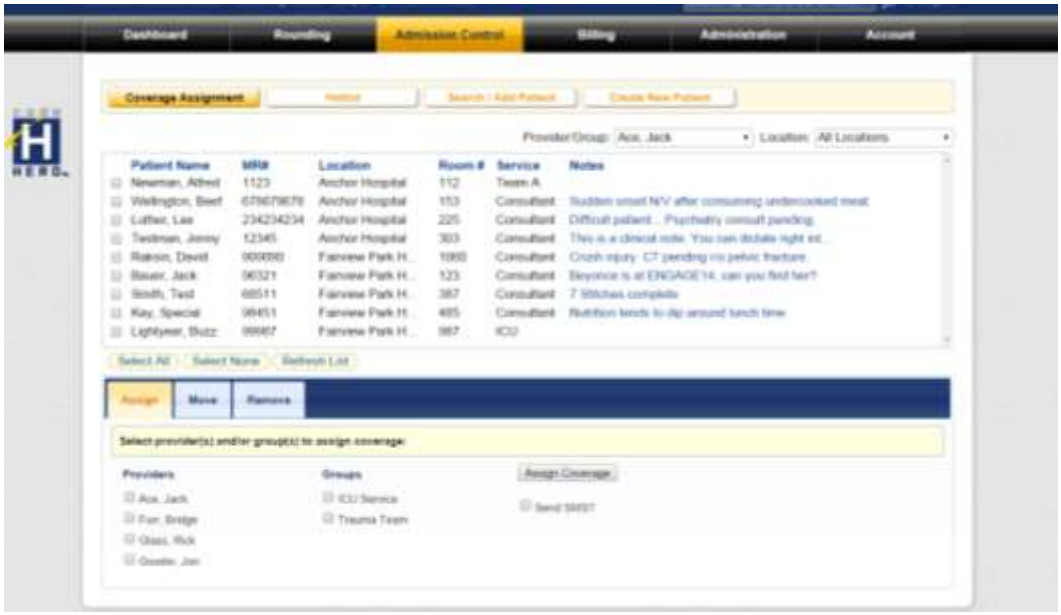
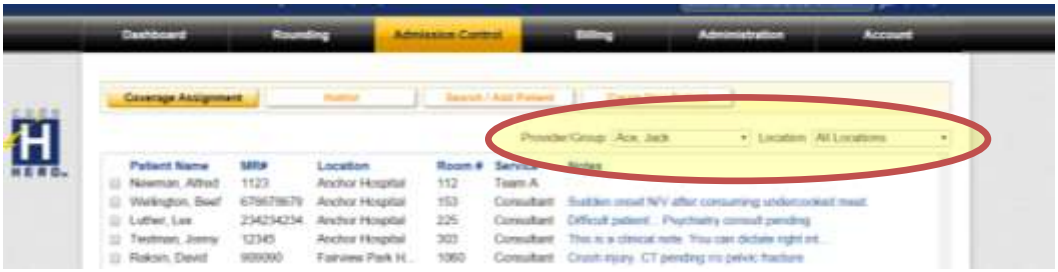
## COVERAGE ASSIGNMENT

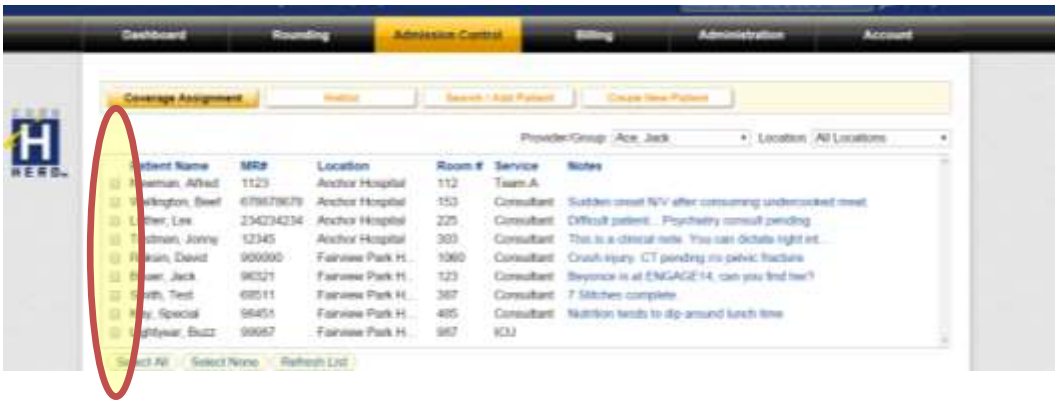
The coverage assignment tool allows users to easily perform sign-outs and add/remove coverage on patients that are already in rounding.




Use the filters at the top of the screen to select the desired patient list.




One or more patients may be selected.

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Clinical notes can be edited by clicking on the blue text next to each patient.

Select one of three specific actions as follows:

Assign: Add a covering provider or team to the selected patient(s).

Move: Move the selected patient(s) from the currently selected provider or group and ADD to another.

Remove: Remove the selected patient(s) from the currently selected provider or group.

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## ROUNDING WORKFLOW

CodeHERO's intelligently designed Rounding Workflow is packed with useful features to help you manage your clinical activities. The main features in this workflow include:

**Rounding:** Maintain a working list of all the patients that are currently on your census.

**Entering Charges, Diagnoses, and Clinical Notes:** Add and edit CPT® codes, diagnosis codes, and clinical notes for any patient with an active rounding session.

**Adding a Quick Code:** Quickly add a favorite code along with one or more active diagnoses.

**Edit Rounding Information and Patient Demographics:** Add and edit information pertaining to the current active rounding session. Update demographic information for any patient in the Rounding Workflow.

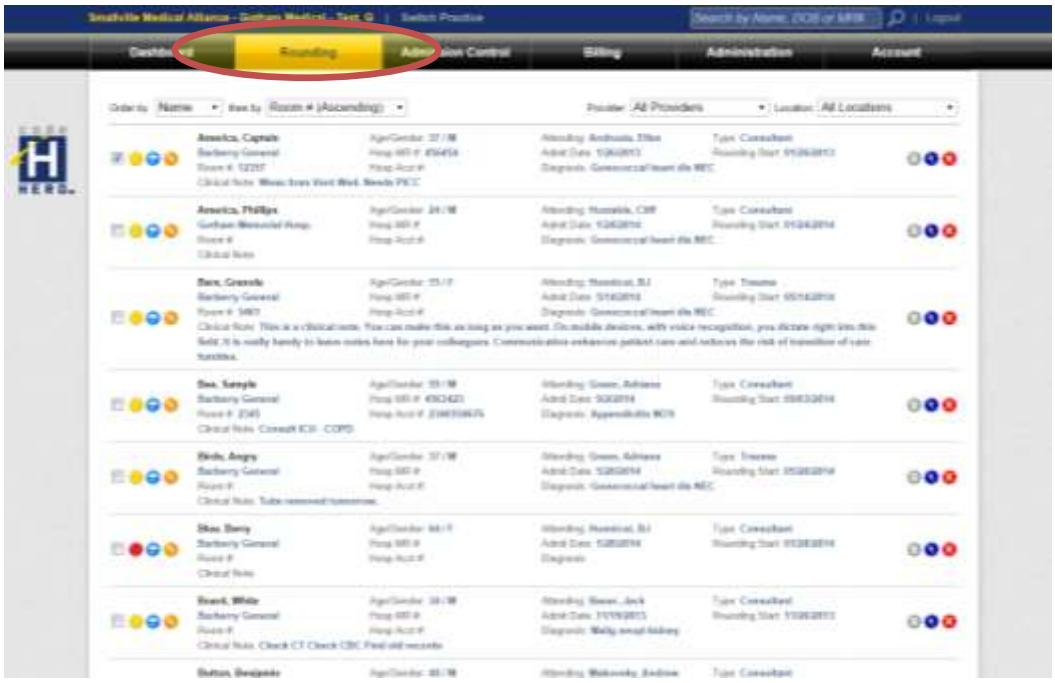
**Coordinate Sign-outs and Cross Coverage:** Add or remove patients from the Census, assign covering physicians and simultaneously send out SMS alerts to your colleagues.

**Discharge Patients**: Remove patients from your own Rounding Census and send charges to billing.

## VIEWING YOUR CENSUS

Once a patient has been added to rounding via Admission Control, they will appear in the Rounding workflow.

Click on the Navigation Icon labeled Rounding to view patients that are active in rounding.

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The Rounding Census can be sorted by using the drop down menus at the top of the screen. The list displayed is dependent on the sort criteria chosen. Initially, the list defaults to that of the current logged in provider. When the list is resorted, the user may save the new settings as default.

## INFORMATION DISPLAYED

A summary of each patient's information is displayed.

Hovering over the Diagnosis or Notes field bring up the full text field.

Clicking on the Patients name opens the Billing window where the Clinical Note can be edited and Diagnoses and Charges are recorded.

Clicking on the Clinical Note allows this field to be edited.

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## CHARGE STATUS INDICATORS

The circular Icon to the left of each patient indicates the charge status for the current day.

| | |
|---|---|
| Green: | Charge present for today. |
| Yellow: | Charges present, but none for the current date. |
| Red: | No charges present for the current rounding session. |

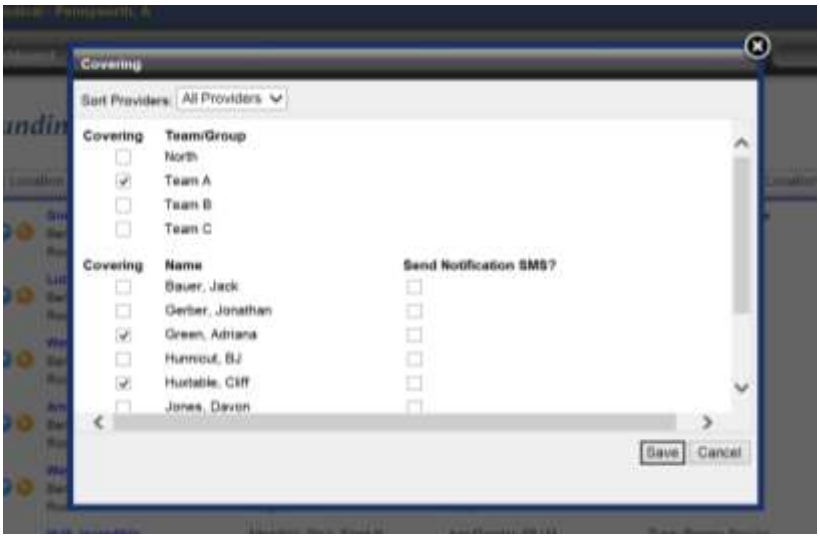
## ROOM NUMBERS AND STATUS

Practices using CodeHERO Pro with an active ADT feed will notice that room numbers and patient status automatically update whenever CodeHERO receives a transaction statement from participating hospital systems.

When CodeHERO receives a notification of a pending discharge, the room number will be displayed in **RED**.

## COVERING UTILITY

Click the umbrella icon to quickly view and edit the list of covering physicians or teams.




Placing a check next to a providers name allows them to see the patient on their Rounding Census.

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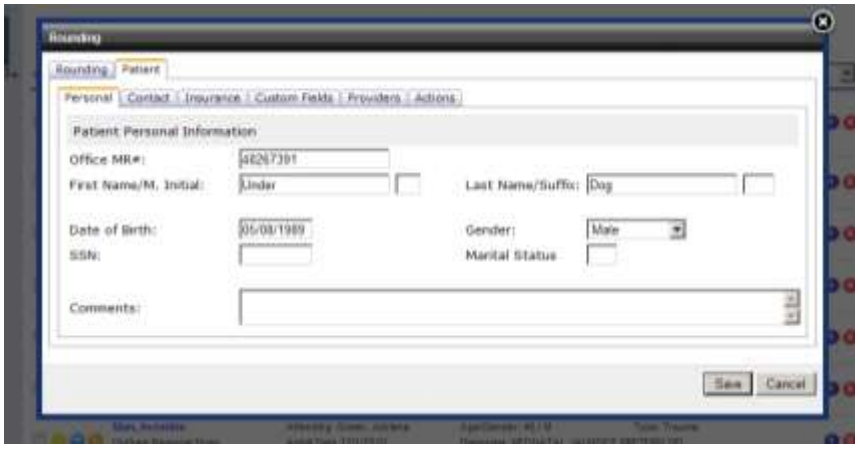
If a team is selected, that patient will appear on the team list when chosen from the provider sort dropdown menu in Rounding.

Clearing a check removes the patient from that providers list or team list.

If SMS messaging is activated, placing a check next to a providers name alerts them to the change you made in the census.

## EDITING ROUNDING SESSIONS

Click the pencil to edit information pertaining to the current rounding session or the patient record.

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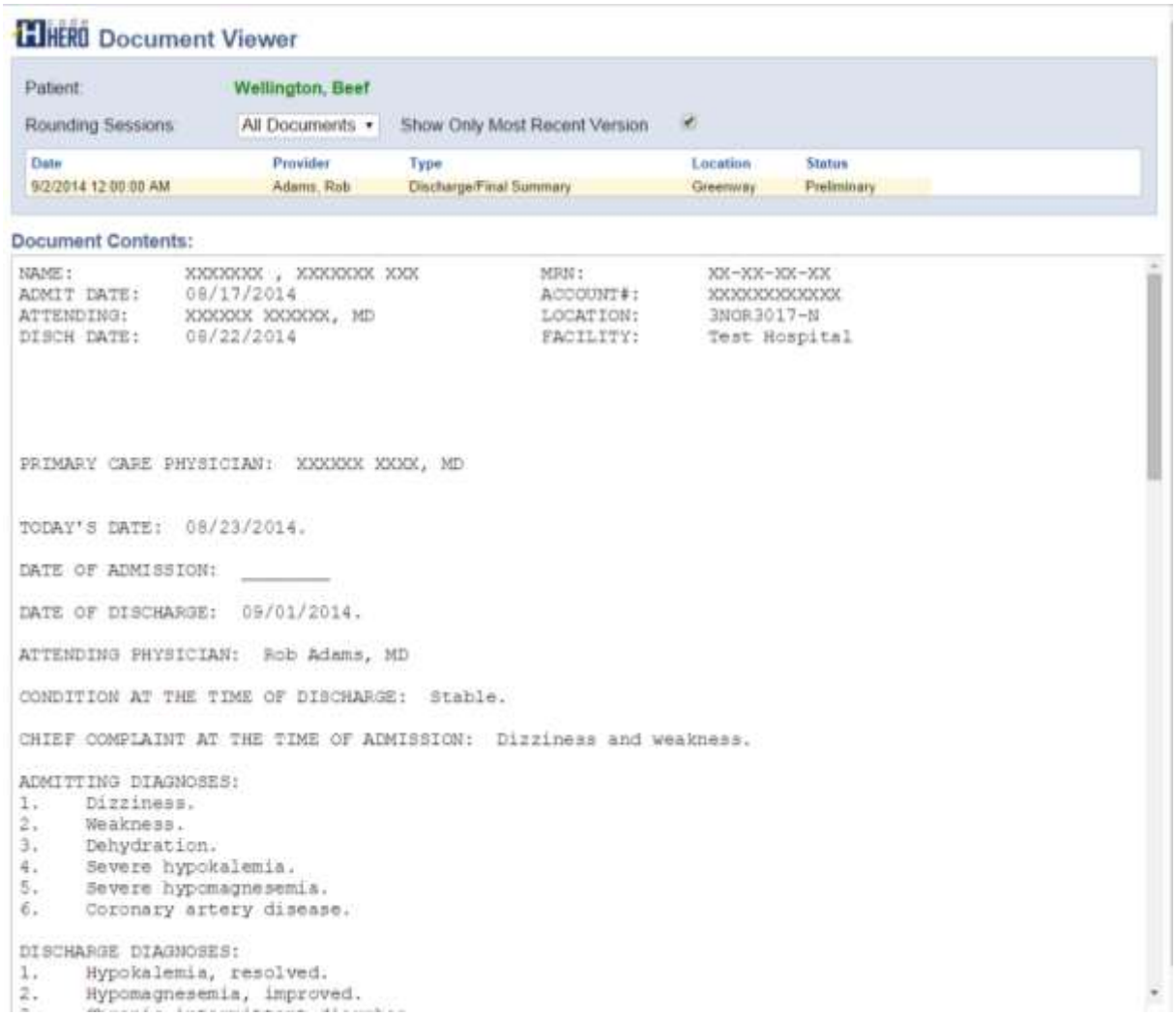
## VIEWING DOCUMENTS

The document icon will appear green when a patient's file contains documents.

Click the icon to view any documents assigned to this patient.

The CodeHERO Document Viewer displays the documents stored for this patient.




(See Document Viewer for more details)

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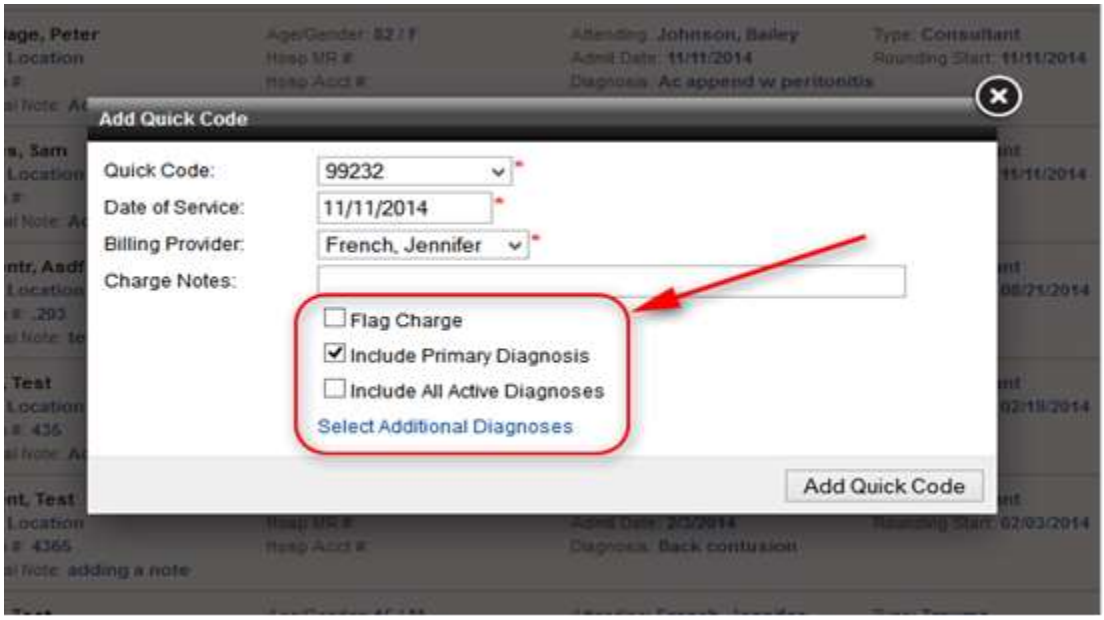
## ENTERING A QUICK CHARGE

Click the Quick Charge icon from the Rounding Census screen to rapidly enter a favorite charge without opening the patient file.




Select a charge from the Quick Charge list and adjust service date, billing provider, diagnosis and charge note if necessary.

Select “Flag Charge” to flag the charge for review.

Choose to include the primary diagnosis, all active diagnosis, or manually select the diagnosis to accompany the charge.

Click Add Quick Charge to Save.

## REMOVING A PATIENT FROM ROUNDING

Click the to remove a patient from one or more Rounding Lists

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You can view a summary of the rounding session by clicking on “Preview Charges”

CodeHERO automatically send all charges to the billing workflow and removes the patient from the selected list(s). All charges remain with the patient file and are preserved in the billing workflow.

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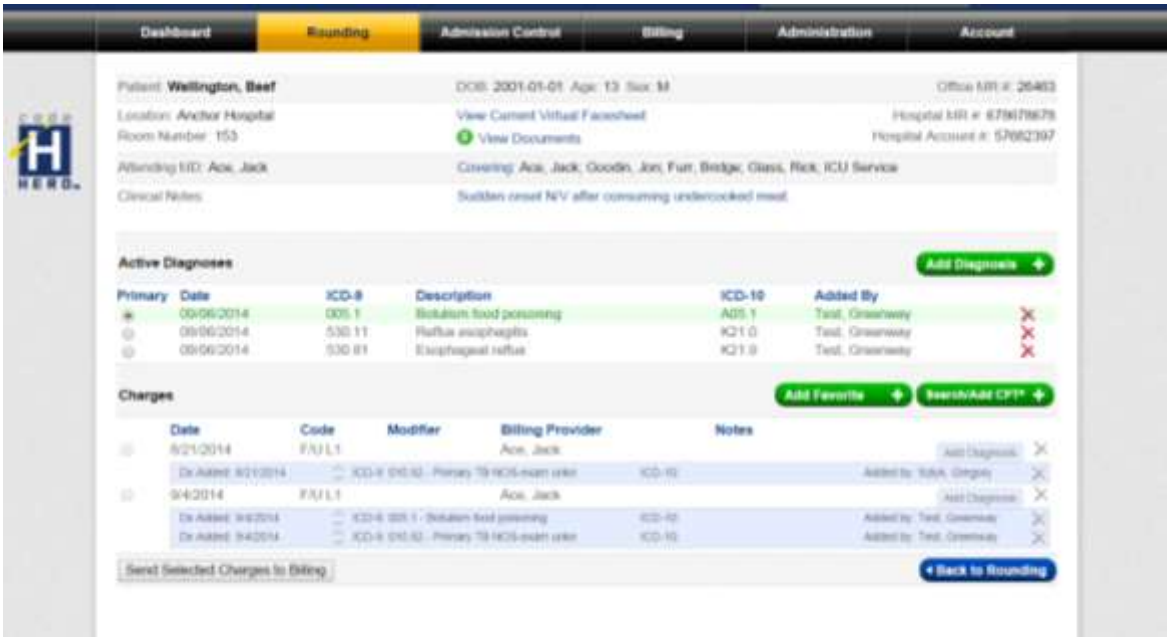
## EDIT ROUNDING SESSION CHARGES/DIAGNOSIS

Click on a patient's name to open the Edit Rounding Session Charges/Diagnosis Window.




## EDITING THE CLINICAL NOTE

Click on the Clinical Note to edit it.

Edit the note and click save.

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## ADDING A DIAGNOSIS

Click to add a diagnosis to the Rounding Session.

Choose an item from the following to add it to the current rounding session as an active diagnosis.

**Problem List** – list of any diagnosis associated with this patient in CodeHERO. ( includes prior rounding sessions)

**Recommended Diagnoses list** – Lists diagnoses associated with any favorites used in this rounding session.

**Top 50 Diagnoses list** - List of most commonly used diagnoses. User specific, specialty preloaded.

**Most Recent** – List of the most recent diagnoses used for the current patient

**Search** – Search active ICD catalog for a diagnosis by using the Search Codes window.

The selection is added to the Active Diagnosis list.

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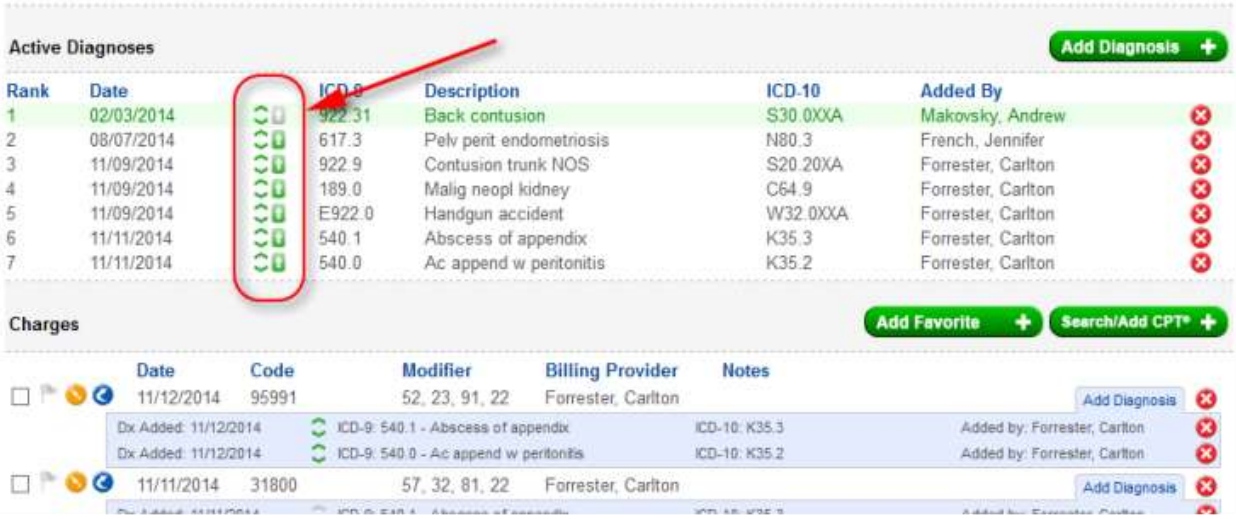
To remove a diagnosis from the Active Diagnosis list click the ✕. That diagnosis will remain on the patient's problem list, but will no longer be active for this rounding session.

## SELECTING A PRIMARY DIAGNOSIS

Active diagnoses may be ranked. The diagnosis ranked #1 is considered the Primary Diagnosis and is highlighted in green.


Active Diagnoses
Add Diagnosis
Rank
Date
ICD-9
Description
ICD-10
Added By
1 02/03/2014 922.31 Back contusion S30.0XXA Makovsky, Andrew
2 08/07/2014 617.3 Pelv perit endometriosis N80.3 French, Jennifer
3 11/09/2014 922.9 Contusion trunk NOS S20.20XA Forrester, Carlton
4 11/09/2014 189.0 Malig neopl kidney C64.9 Forrester, Carlton
5 11/09/2014 E922.0 Handgun accident W32.0XXA Forrester, Carlton
6 11/11/2014 540.1 Abscess of appendix K35.3 Forrester, Carlton
7 11/11/2014 540.0 Ac append w peritonitis K35.2 Forrester, Carlton
Charges
Add Favorite
Search/Add CPT®
Date
Code
Modifier
Billing Provider
Notes
11/12/2014 95991 52, 23, 91, 22 Forrester, Carlton
Add Diagnosis
Dx Added: 11/12/2014 ICD-9: 540.1 - Abscess of appendix ICD-10: K35.3 Added by: Forrester, Carlton
Dx Added: 11/12/2014 ICD-9: 540.0 - Ac append w peritonitis ICD-10: K35.2 Added by: Forrester, Carlton
11/11/2014 31800 57, 32, 81, 22 Forrester, Carlton
Add Diagnosis

The green arrows can be used to adjust the rank of the active diagnoses.

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## ADDING CHARGES

There are two ways to add charges to a Rounding Session.

Click

to add a favorite charge or charge bundle.

Select a favorite from the drop down menu.

Add a note if desired.

The date, billing provider, and units can also be adjusted if necessary.

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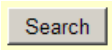
Click

to search the active CPT® catalog for a code and add it to the Rounding Session.

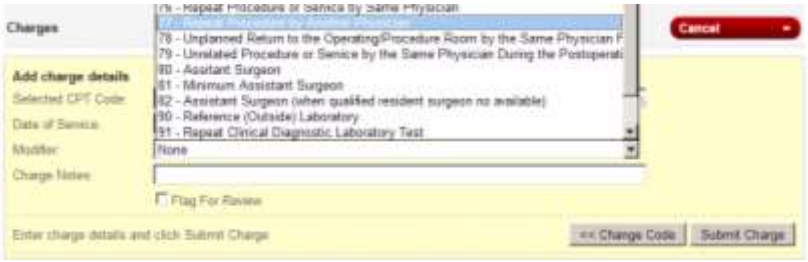
Enter the search criteria into the field and click 

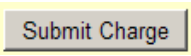
then select the desired diagnosis from the list.

Charges
Cancel
Enter search term or CPT code
repair thoracic aneurysm
Search
Code / Description
33880 - Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetratin
33881 - Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetratin
33883 - Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, a
33884 - Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, a
35021 - Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or
35022 - Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or
75956 - Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetratin
75957 - Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetratin
75958 - Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, a
Search and click on the desired CPT code
Add Charge Details

Edit procedure date and add note if desired.

Modifiers can be added to individual codes if necessary.


Charges
Cancel
Add charge details
Selected CPT Code:
Date of Service:
Modifier:
None
Charge Notes:
Flag For Review
Enter charge details and click Submit Charge
<< Charge Code
Submit Charge
78 - Unplanned Return to the Operating/Procedure Room by the Same Physician F
79 - Unrelated Procedure or Service by the Same Physician During the Postoperati
80 - Assistant Surgeon
81 - Minimum Assistant Surgeon
82 - Assistant Surgeon (when qualified resident surgeon not available)
90 - Reference (Outside) Laboratory
91 - Repeat Clinical Diagnostic Laboratory Test

Click 

to add charge to the Rounding Session.

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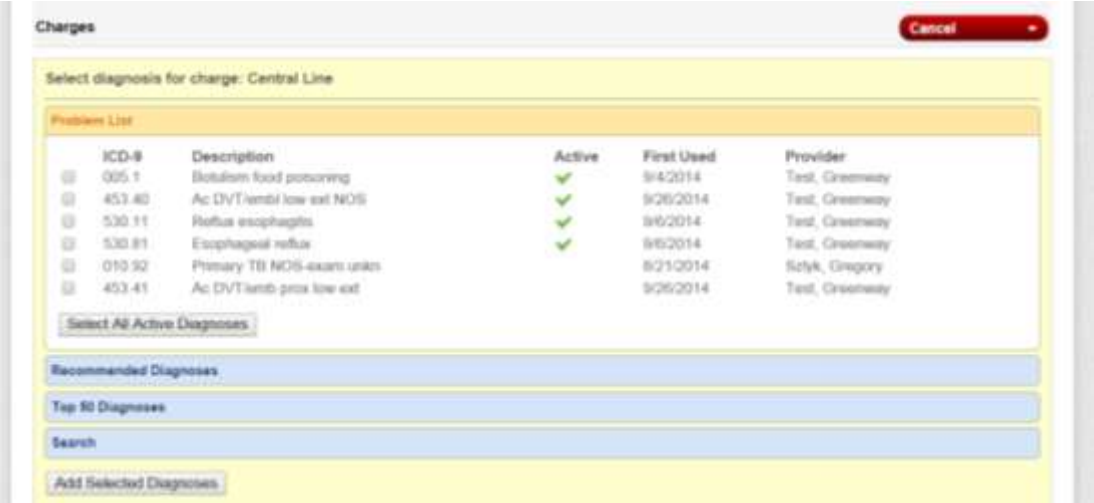
## ADDING A DIAGNOSIS TO A CHARGE

For each CPT or Favorite entered, the user must select a diagnosis. The user will be prompted to select a diagnosis as follows:




**Problem List** – list of any diagnosis associated with this patient in CodeHERO. (includes prior rounding sessions) Click select all active diagnoses to select all the active diagnoses for this charge.

**Recommended Diagnoses list** – Lists diagnoses associated with any favorites used in this rounding session.

**Top 50 Diagnoses list** - List of most commonly used diagnoses. User specific, specialty preloaded.

**Most Recent** – Displays list of most recent diagnoses used on this patient.

**Search** – Search active ICD catalog for a diagnosis by using the Search Codes window.

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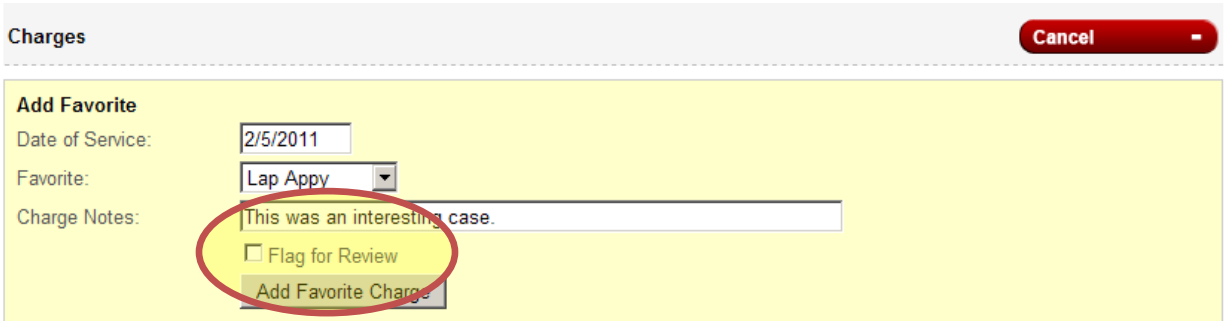
## FLAGGING A CHARGE FOR REVIEW

If there is something about a charge which will require review by a member of your billing team, the charge can be **Flagged for Review**.

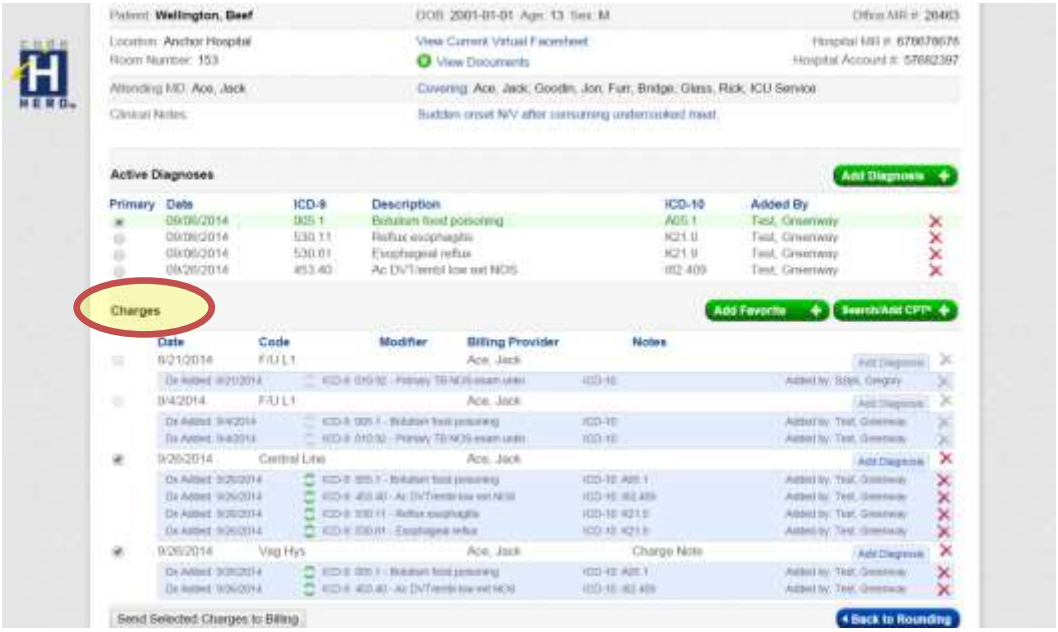



Checking this box will force billing personnel to review the charge before sending it through the approval process. When this box is checked, review is MANDATORY. Flagged charges cannot be exported out of CodeHERO until the flag is removed by billing.

A charge may also be flagged by clicking the Red Flag icon located next to the charge in the pending charges list.

## EDITING DIAGNOSES ASSIGNED TO A CHARGE

After a charge has been entered it appears in the Charges window.

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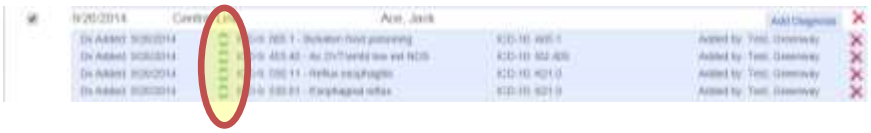
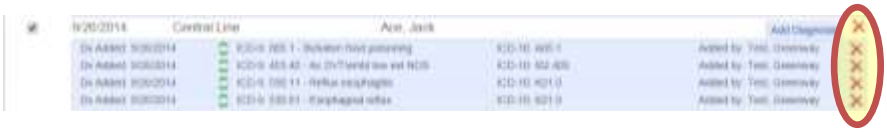
Details are listed along with each charge.

The order of the diagnoses can be changed by using the icons.



Diagnoses can be removed by clicking the icon.



## EDITING A CHARGE

A charge may be edited before it is sent to billing by clicking the icon.

## CLONING A CHARGE

After a charge is entered it may be used as a template to clone additional charges. Cloning a charge duplicates all charge details and assigned diagnoses … except that the current user will be entered as the rendering & billing provider.

Click the icon to clone a charge.

## SENDING CHARGES TO BILLING

To allow instantaneous processing of charges, CodeHERO allows users to send one or more charge directly to the billing flow before the rounding session is closed. This is particularly advantageous in certain situations where a patient is hospitalized for extended periods of time.

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To lock in charges and send them directly to the billing workflow check the box next to the charge you want to send and click " Send Selected Charges to Billing".

Once a charge is sent to billing, it (along with any associated diagnosis) is locked and cannot be edited or deleted except in the billing workflow.

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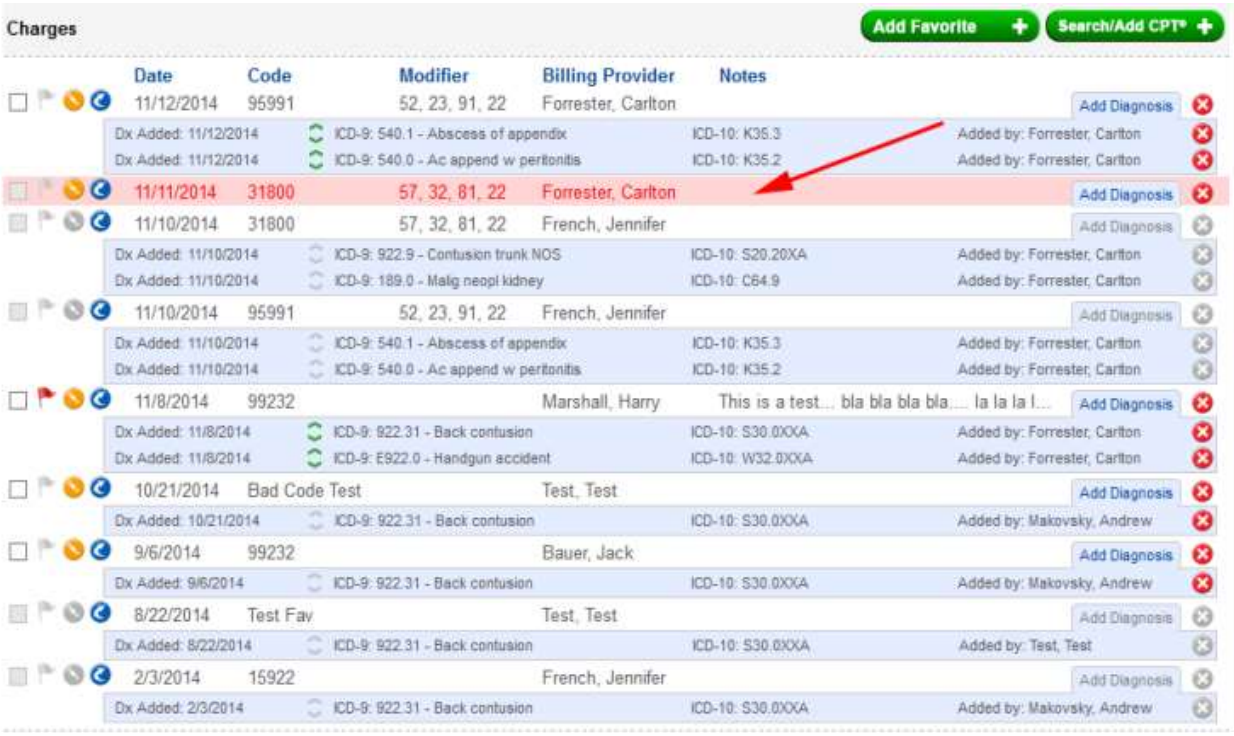
## PENDING CHARGES

Charges that have been entered but not yet sent to billing are considered " Pending Charges". These charges can be viewed at the time of Login or from the Dashboard screen by clicking on "View Pending Charges".

Each pending charge is listed. Clicking on any individual charge displays the associated rounding session with the pending charges highlighted. A green highlight indicates that the charge is ready to send to billing. A red highlight indicates that a diagnosis is missing.


Charges
Add Favorite
Search/Add CPT®
Date
Code
Modifier
Billing Provider
Notes
11/12/2014 95991 52, 23, 91, 22 Forrester, Carlton
Dx Added: 11/12/2014 ICD-9: 540.1 - Abscess of appendix ICD-10: K35.3 Added by: Forrester, Carlton
Dx Added: 11/12/2014 ICD-9: 540.0 - Ac append w peritonitis ICD-10: K35.2 Added by: Forrester, Carlton
11/11/2014 31800 57, 32, 81, 22 Forrester, Carlton
11/10/2014 31800 57, 32, 81, 22 French, Jennifer
Dx Added: 11/10/2014 ICD-9: 922.9 - Contusion trunk NOS ICD-10: S20.20XA Added by: Forrester, Carlton
Dx Added: 11/10/2014 ICD-9: 189.0 - Malig neopl kidney ICD-10: C64.9 Added by: Forrester, Carlton
11/10/2014 95991 52, 23, 91, 22 French, Jennifer
Dx Added: 11/10/2014 ICD-9: 540.1 - Abscess of appendix ICD-10: K35.3 Added by: Forrester, Carlton
Dx Added: 11/10/2014 ICD-9: 540.0 - Ac append w peritonitis ICD-10: K35.2 Added by: Forrester, Carlton
11/8/2014 99232 Marshall, Harry This is a test... bla bla bla bla.... la la la l...
Dx Added: 11/8/2014 ICD-9: 922.31 - Back contusion ICD-10: S30.0XXA Added by: Forrester, Carlton
Dx Added: 11/8/2014 ICD-9: E922.0 - Handgun accident ICD-10: W32.0XXA Added by: Forrester, Carlton
10/21/2014 Bad Code Test Test, Test
Dx Added: 10/21/2014 ICD-9: 922.31 - Back contusion ICD-10: S30.0XXA Added by: Makovsky, Andrew
9/6/2014 99232 Bauer, Jack
Dx Added: 9/6/2014 ICD-9: 922.31 - Back contusion ICD-10: S30.0XXA Added by: Makovsky, Andrew
8/22/2014 Test Fav Test, Test
Dx Added: 8/22/2014 ICD-9: 922.31 - Back contusion ICD-10: S30.0XXA Added by: Test, Test
2/3/2014 15922 French, Jennifer
Dx Added: 2/3/2014 ICD-9: 922.31 - Back contusion ICD-10: S30.0XXA Added by: Makovsky, Andrew
Add Diagnosis

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# MOBILE INTERFACE

## ACCESS TO MOBILE SITE

To access the login site open an internet browser window and go to

**m.gocodehero.com**

**It is recommended that you bookmark this site on your mobile device for easy access later.**

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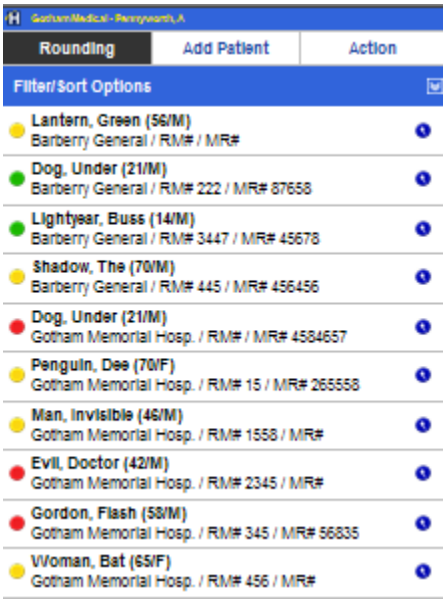
## ROUNDING AND CENSUS

When you log in to the CodeHERO mobile site your personal Rounding Census will be displayed.

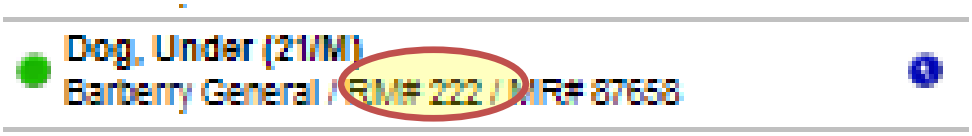

Rounding
Add Patient
Action
Filter/Sort Options
Lantern, Green (56/M)
Barberry General / RM# / MR#
Dog, Under (21/M)
Barberry General / RM# 222 / MR# 87658
Lightyear, Buss (14/M)
Barberry General / RM# 3447 / MR# 45678
Shadow, The (70/M)
Barberry General / RM# 445 / MR# 456456
Dog, Under (21/M)
Gotham Memorial Hosp. / RM# / MR# 4584657
Penguin, Dee (70/F)
Gotham Memorial Hosp. / RM# 15 / MR# 265558
Man, Invisible (46/M)
Gotham Memorial Hosp. / RM# 1558 / MR#
Evil, Doctor (42/M)
Gotham Memorial Hosp. / RM# 2345 / MR#
Gordon, Flash (58/M)
Gotham Memorial Hosp. / RM# 345 / MR# 56835
Woman, Bat (65/F)
Gotham Memorial Hosp. / RM# 456 / MR#

The circular Icon to the left of each patient indicates the charge status for the current day.

| | |
|---|---|
| Green: | Charge present for today. |
| Yellow: | Charges present, but none for the current date. |
| Red: | No charges present for the current rounding session. |

## ROOM NUMBER AND STATUS

Practices using CodeHERO Pro with an active ADT feed will notice that room numbers and patient status automatically update whenever CodeHERO receives a transaction statement from participating hospital systems.




When CodeHERO receives a notification of a pending discharge, the room number will be displayed in **RED**.

## SORTING OPTIONS

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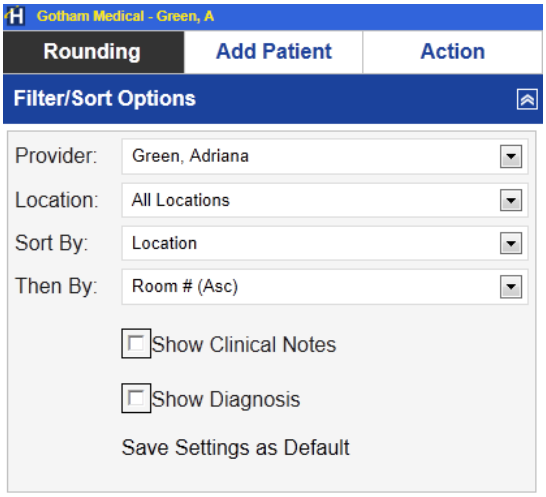
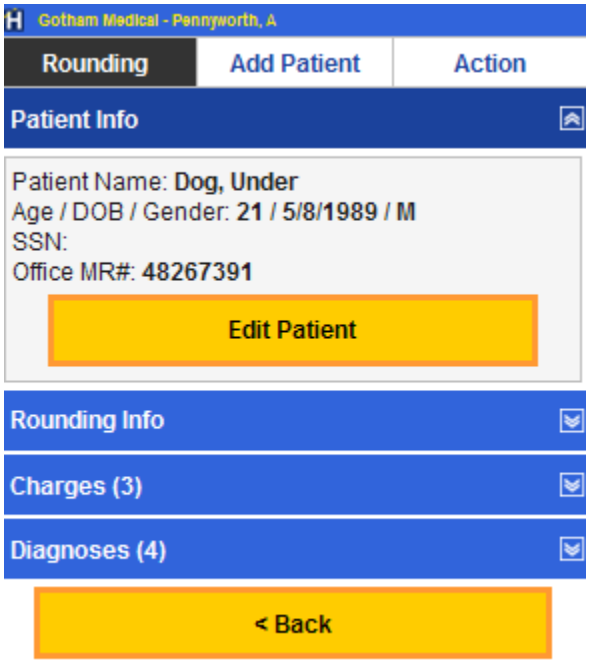
Click Filter/Sort Options to adjust the sorting view for your rounding census. Click on save settings to retain these settings as default.




## VIEWING PATIENT INFORMATION

Click on a patient name to view the information about the current rounding session.




Edit patient demographic and insurance information by clicking Edit Patient.

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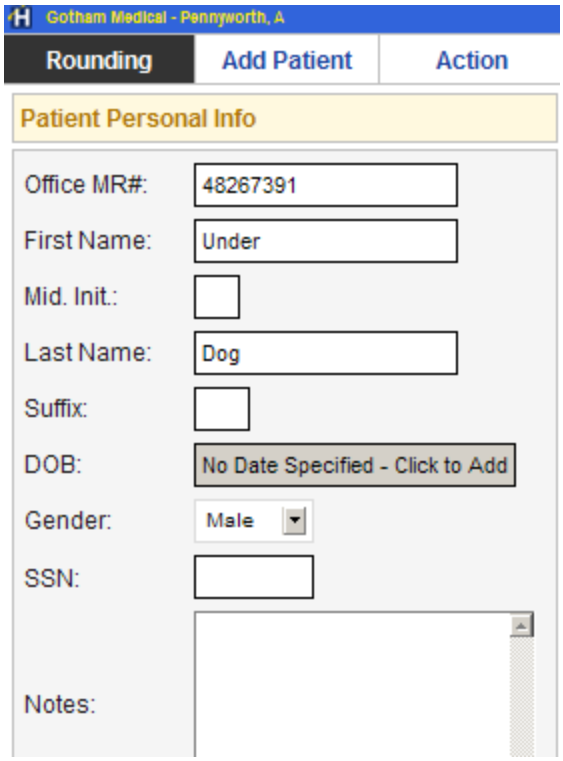


## EXPANDING SECTIONS TO VIEW ADDITIONAL INFORMATION

Clicking on a section header expands that section and exposes related buttons.

**Patient Info**: Patient demographic information.

**Rounding Info**: Information related to the current rounding session including the clinical note, coverage status, and discharge button.

**Charges**: Charges entered for current rounding session

**Diagnoses**: Diagnoses assigned to current rounding session.

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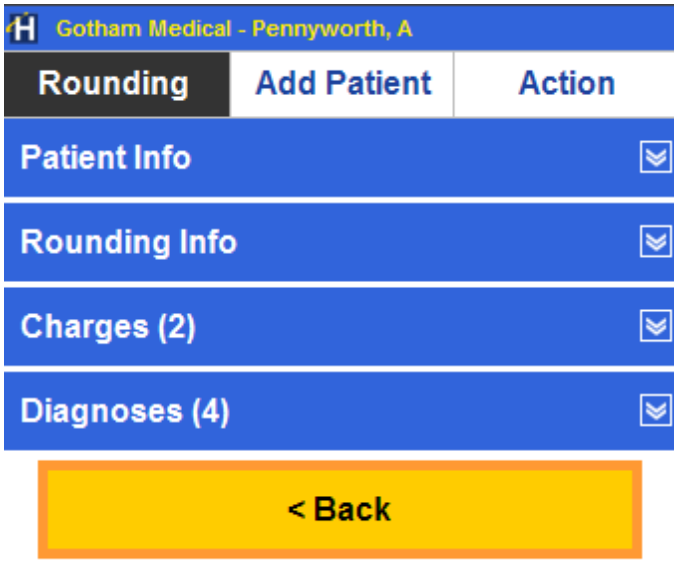


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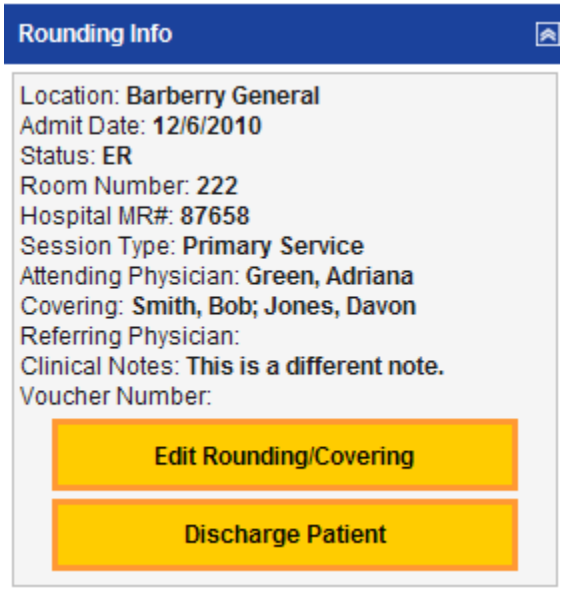
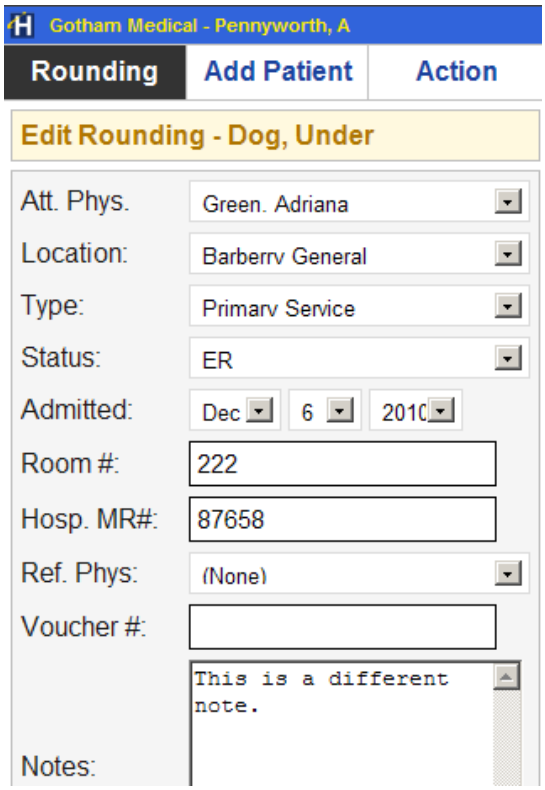
## ROUNDING INFORMATION

Click Rounding Info to view information about the current rounding session, clinical note and covering physicians.




Click Edit Rounding/Covering to edit info about the current rounding session, clinical notes and covering physicians.

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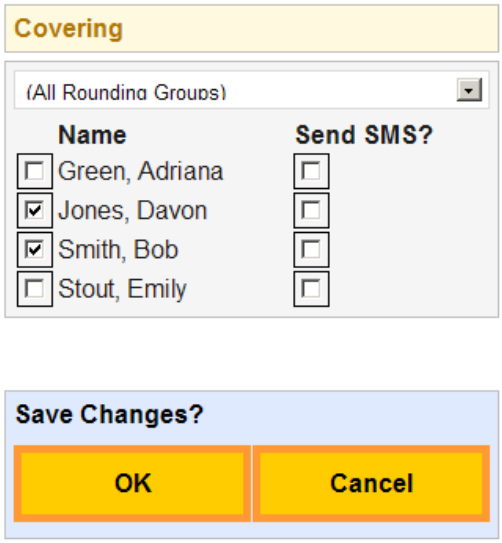
Scroll down to edit covering info and send SMS notifications

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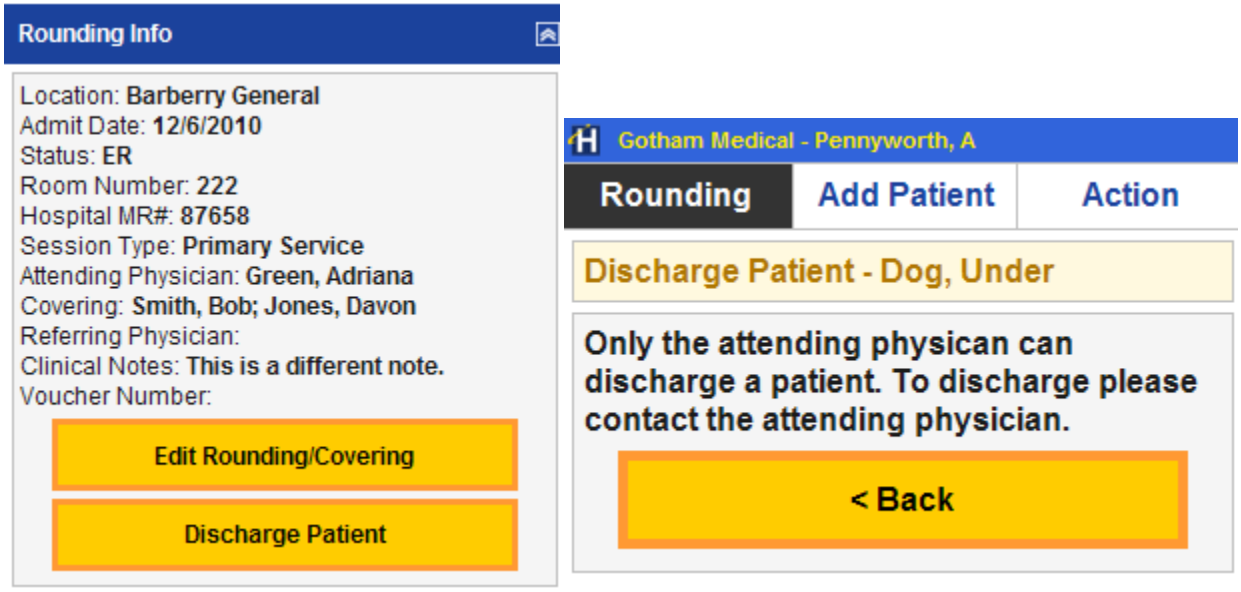
## DISCHARGING A PATIENT

Click Discharge Patient to remove patient from all rounding lists and send charges to the billing queue.




NOTE

If there are still other providers who are listed as covering physicians, then the patient will continue to appear on their lists and the Rounding Session will remain active.

Only after the last covering provider has signed off will the Rounding Session be closed.

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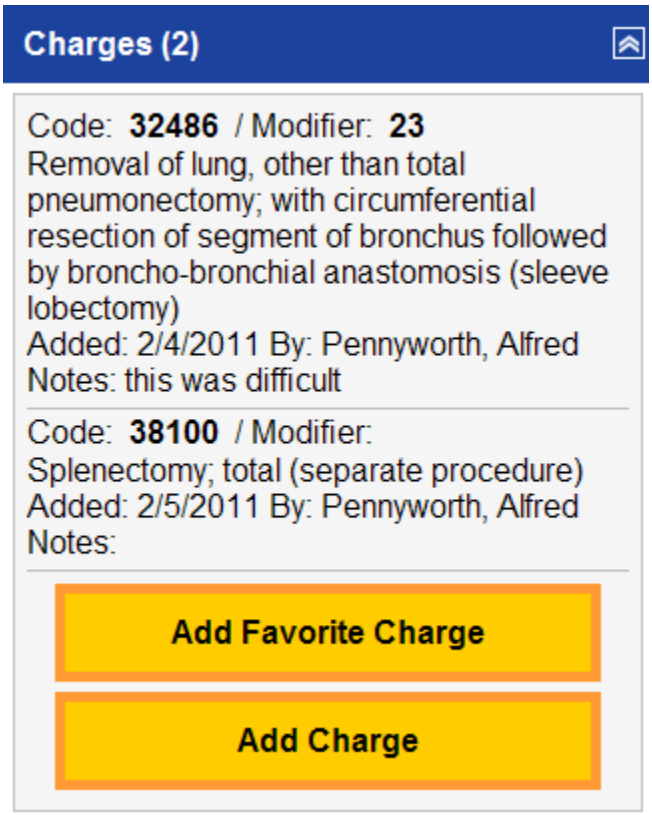
## CHARGES

Click Charges to expand and view the charges for the current rounding session.


Charges (2)
Code: 32486 / Modifier: 23
Removal of lung, other than total pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)
Added: 2/4/2011 By: Pennyworth, Alfred
Notes: this was difficult
Code: 38100 / Modifier:
Splenectomy; total (separate procedure)
Added: 2/5/2011 By: Pennyworth, Alfred
Notes:
Add Favorite Charge
Add Charge

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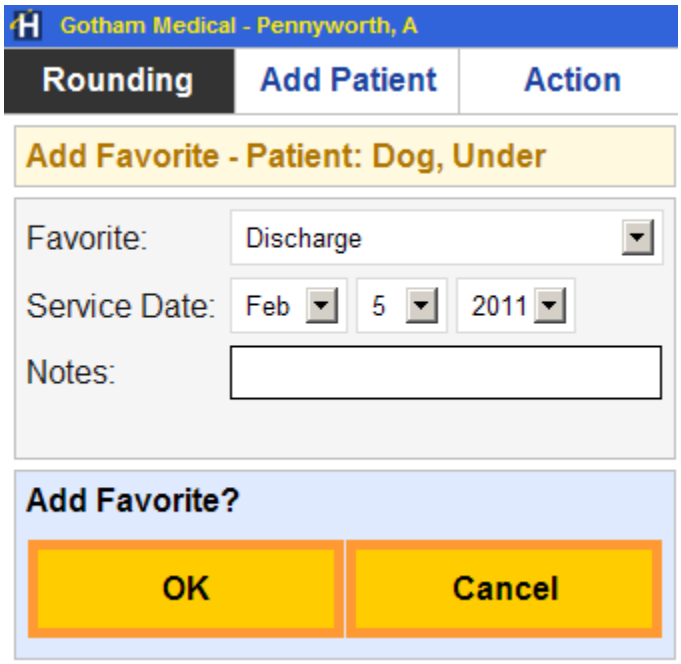
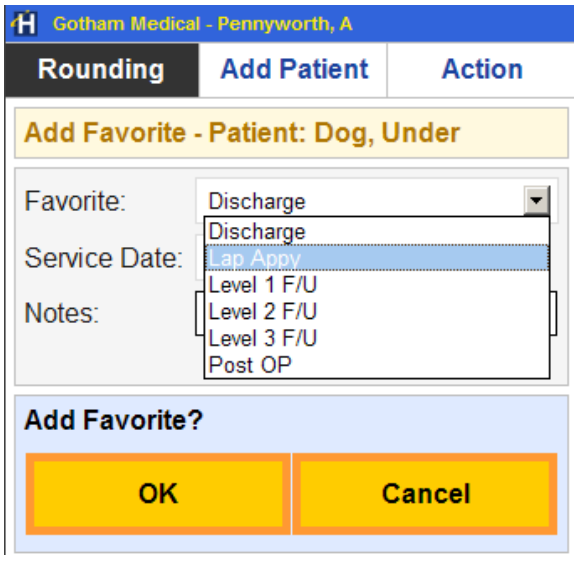
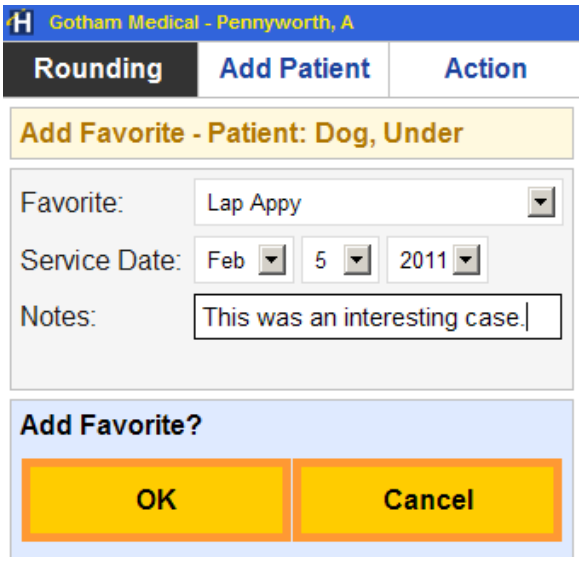
## ADDING CHARGES

Click Add Favorite Charge to add a charge from the Favorites List




Select the desired Favorite from drop down list, adjust service date, and add note to billing staff if necessary.

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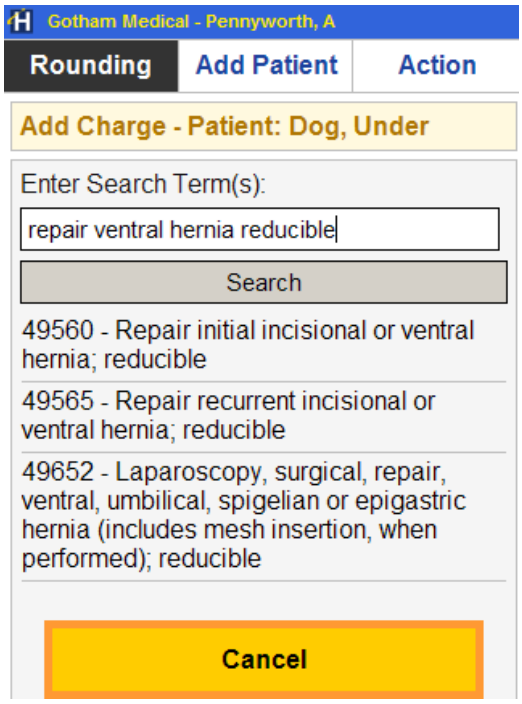
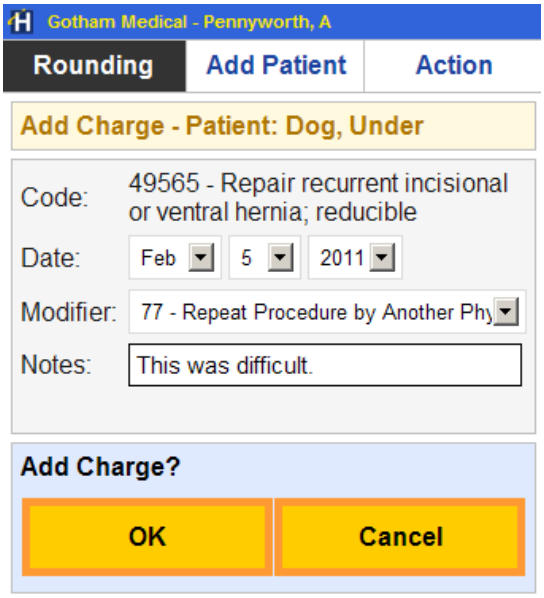
Click Add Charge to search and add code directly from CPT® Database


Gotham Medical - Pennyworth, A
Rounding
Add Patient
Action
Add Charge - Patient: Dog, Under
Enter Search Term(s):
repair ventral hernia reducible
Search
49560 - Repair initial incisional or ventral hernia; reducible
49565 - Repair recurrent incisional or ventral hernia; reducible
49652 - Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible
Cancel

Select charge from list, adjust service date, and add note to billing staff if necessary.

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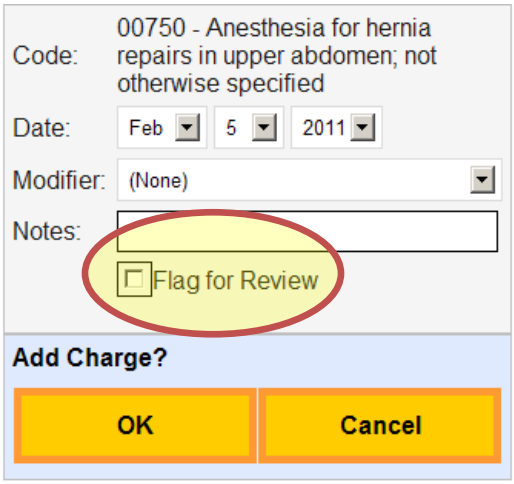
## FLAGGING A CHARGE FOR REVIEW IN THE MOBILE INTERFACE

If there is something about a charge which will require review by a member of your billing team, the charge can be **Flagged for Review**.




Checking this box will force billing personnel to review the charge before sending it through the approval process. When this box is checked, review is MANDATORY. Flagged charges cannot be exported out of CodeHERO until the flag is removed by billing.

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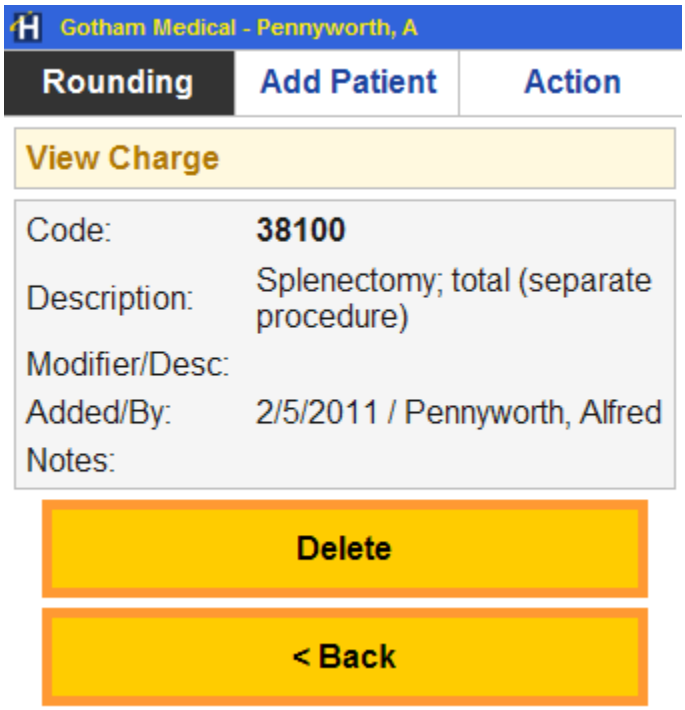
## DELETING A CHARGE

Click on any previously entered charge to view it.




Click Delete to remove that charge from the rounding session.

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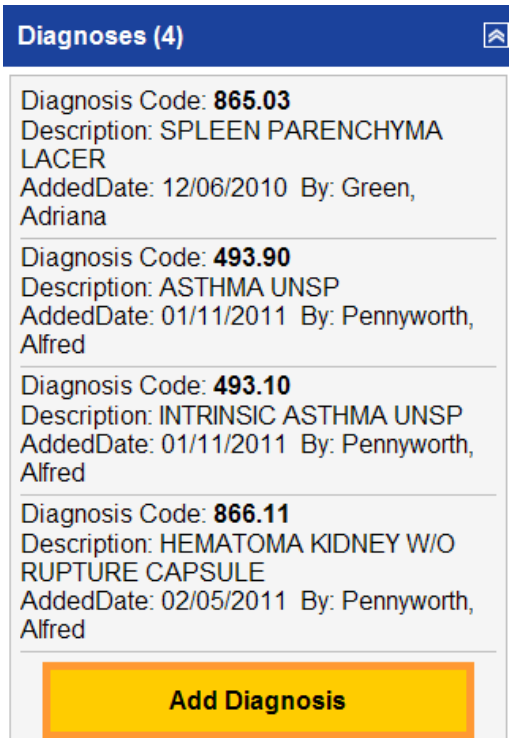
## ADDING A QUICK CHARGE DIRECTLY FROM THE ROUNDING LIST

Click the Quick Charge icon from the Rounding Census screen to rapidly enter a favorite charge without opening the patient file.

Select a charge from the Quick Charge list and adjust service date if necessary. Click OK to save the charge.

## DIAGNOSES

Click Diagnoses to expand section to view diagnosis list.

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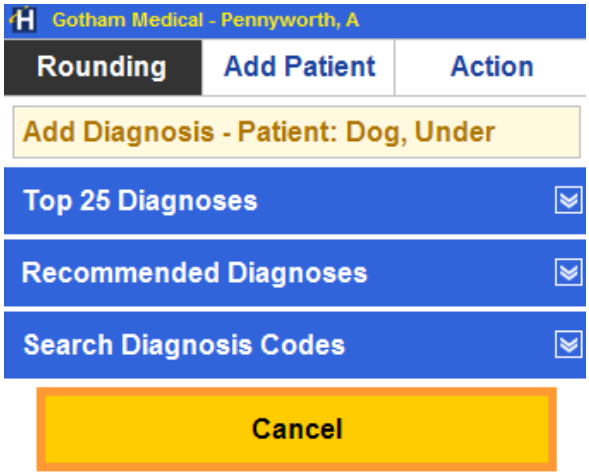
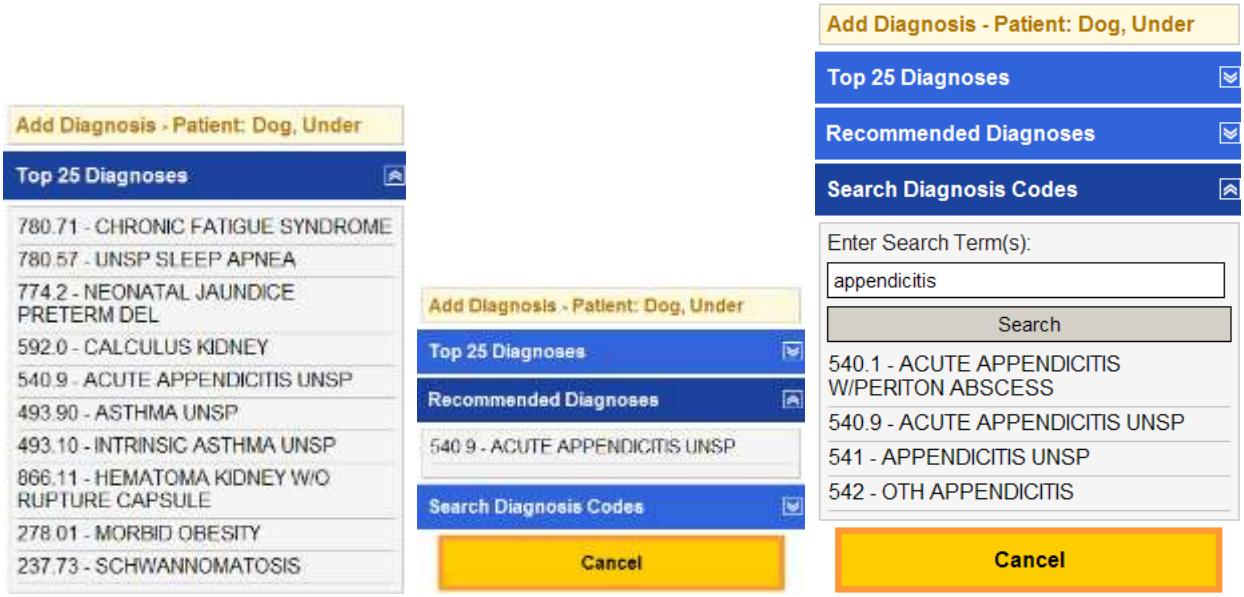
## ADDING A DIAGNOSIS

Click Add Diagnosis to add a diagnosis to the rounding session.




Choose to add a diagnosis from the Top 50 Diagnosis List, the Recommended Diagnosis list, or search the active ICD catalog for a diagnosis.




Simply click on the desired section and click on a diagnosis to add it to the current rounding session.

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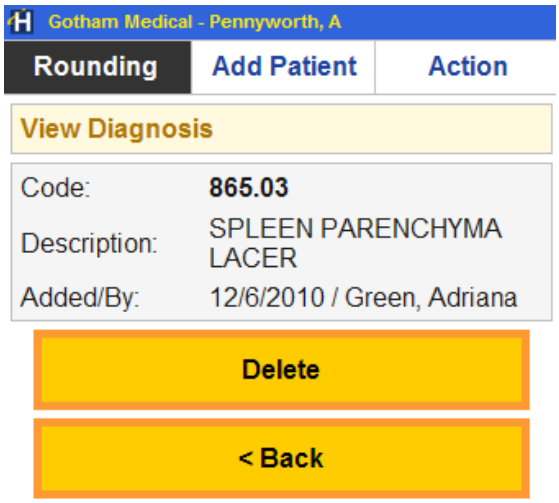
## DELETING A DIAGNOSIS

Click on any previously entered diagnosis to view it.




Click Delete to remove that diagnosis from the rounding session.

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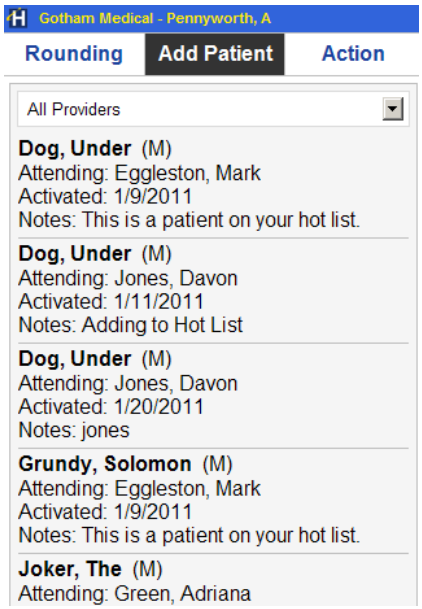
## ADDING PATIENTS TO YOUR CENSUS

Click Add Patient to add a patient to your rounding census.

Patients on your Hot List will automatically display. To see another providers list, choose from the dropdown list.



Practices with and active ADT feed from hospital registration systems will be able to view additional patients under the "View External Data Sources" link.

Select the desired patient by touching the patient's name.

If the patient you are looking for is not on the Hot List then click Search/Add Patient

Enter search criteria…

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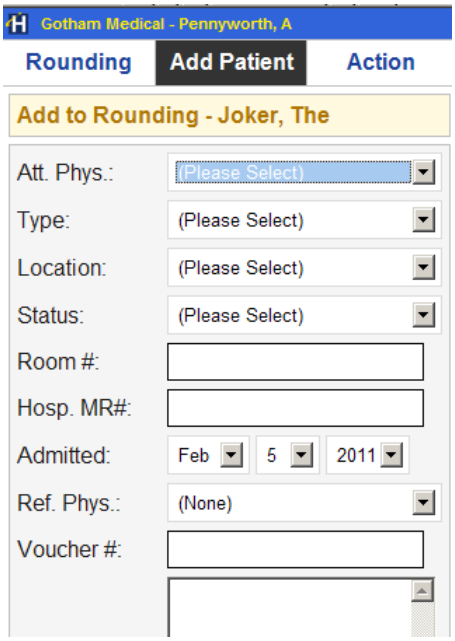
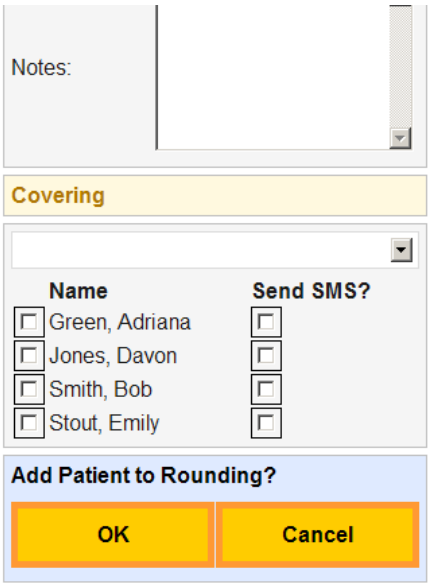
When you find the patient you want to add, click on the name.

Once you have found the patient you desire, choose add to rounding




Fill in rounding information and covering information. Click OK to add to your rounding census.

## CREATING A NEW PATIENT

If the patient is **new** to CodeHERO then click Create New Patient Record to Create a New Patient.

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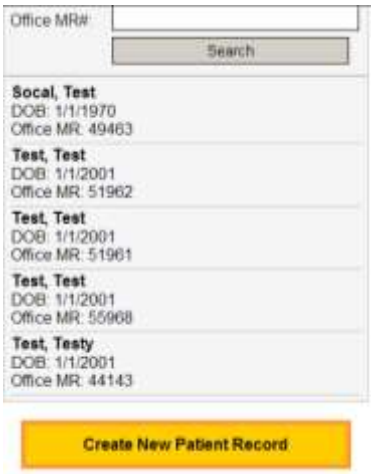


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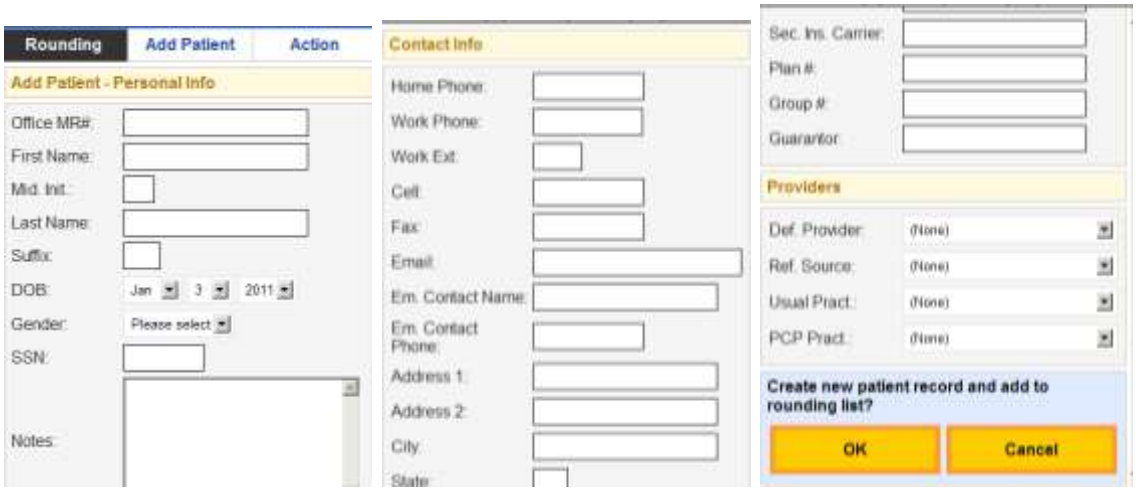
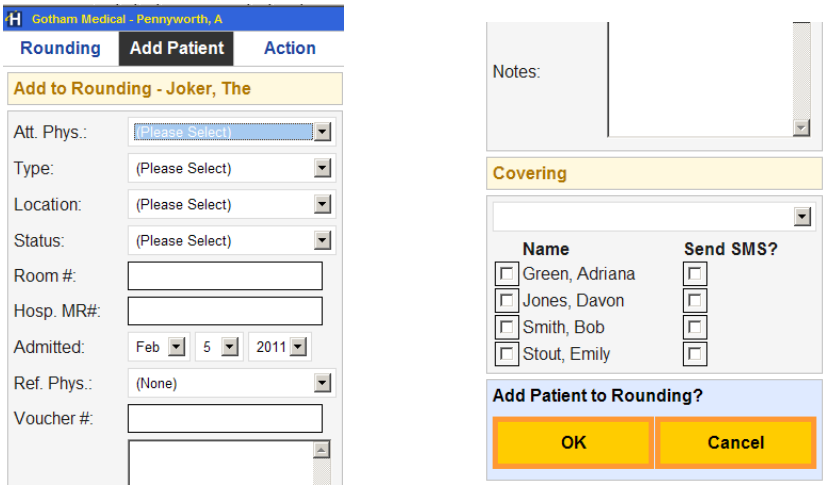
Enter available patient demographic information.




Click OK to add the New Patient to your rounding list.




Fill in rounding information and covering information. Click OK to add to your rounding census.

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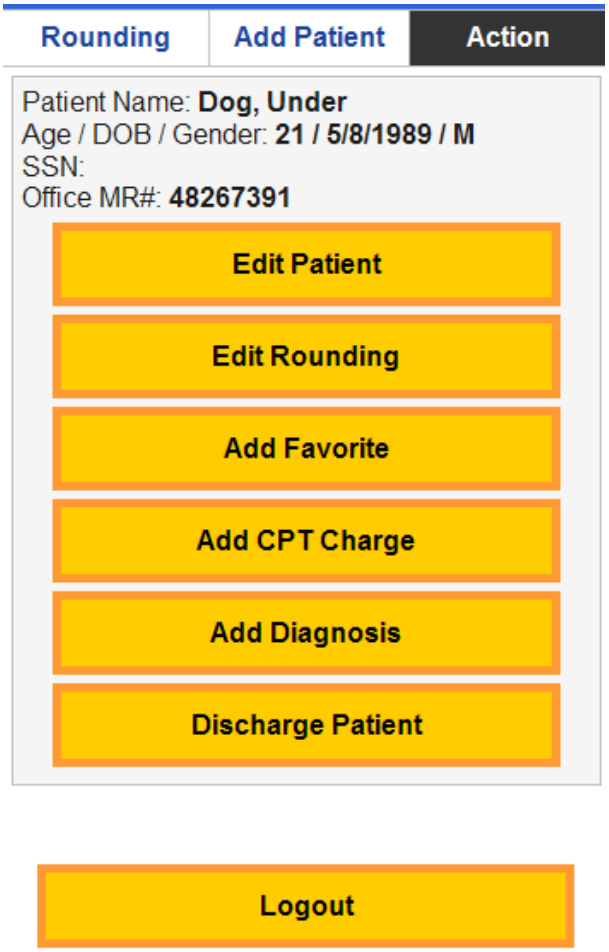
## ACTION BUTTON

All of the buttons listed above can be accesses by clicking the Action button.




## LOGING OUT

It is recommended that you log out of code hero after use.

Click the Action Button

Click

to send charges and securely logout of CodeHERO.

Click

to securely logout of CodeHERO without sending charges to billing.

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# CODEHERO DOCUMENT VIEWER

To facilitate timely and accurate coding of hospital and surgical charges, CodeHERO provides access to dictations and supporting documents from within the application itself. Access to clinical documentation also enhances communication between care providers and improves continuity of care.

## DOCUMENT ICON

The document icon appears in various locations throughout the application. It will appear green when a patient's file contains documents. Documents are accessible from the following locations among others.

### ROUNDING

Click the icon to view any documents assigned to this patient.

### ADD CHARGES SCREEN

Click the icon to view any documents assigned to this patient.

### EDIT PATIENT WORKFLOW

Click the icon to view any documents assigned to this patient.

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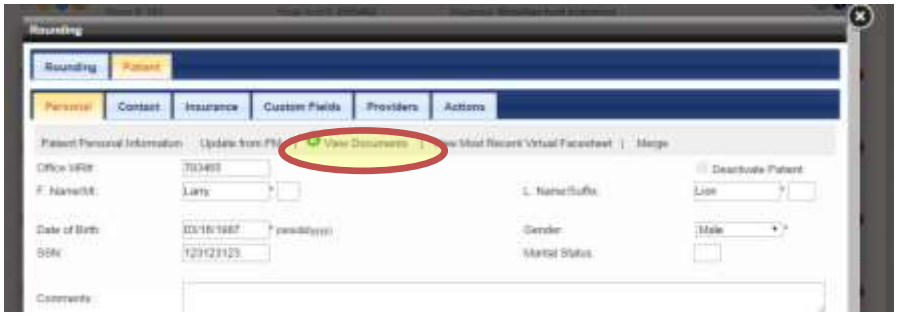
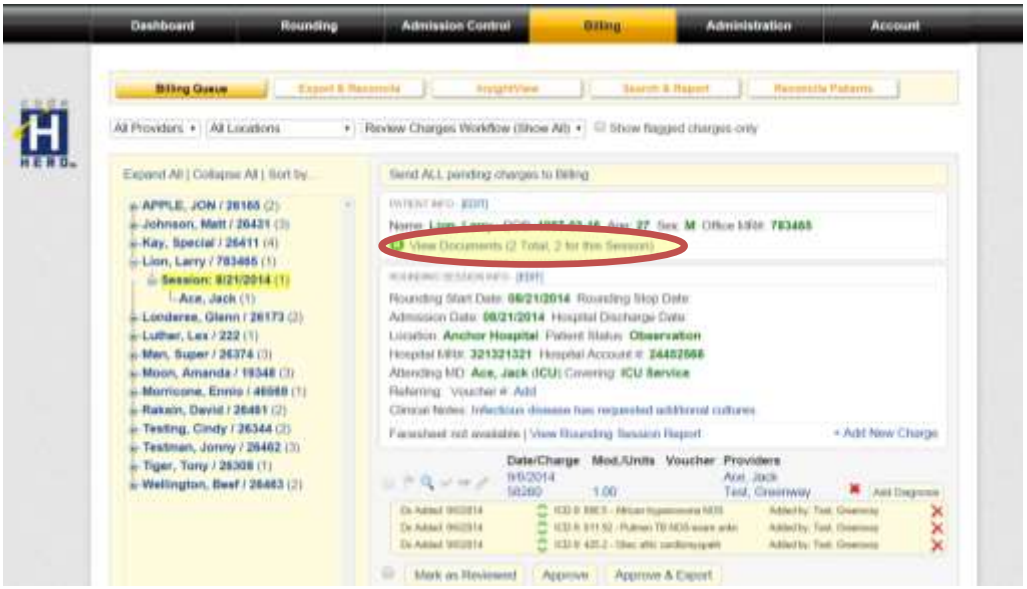


## BILLING QUEUE

Click the icon to view any documents assigned to this patient.




The CodeHERO Document Viewer displays the documents stored for the current patient.

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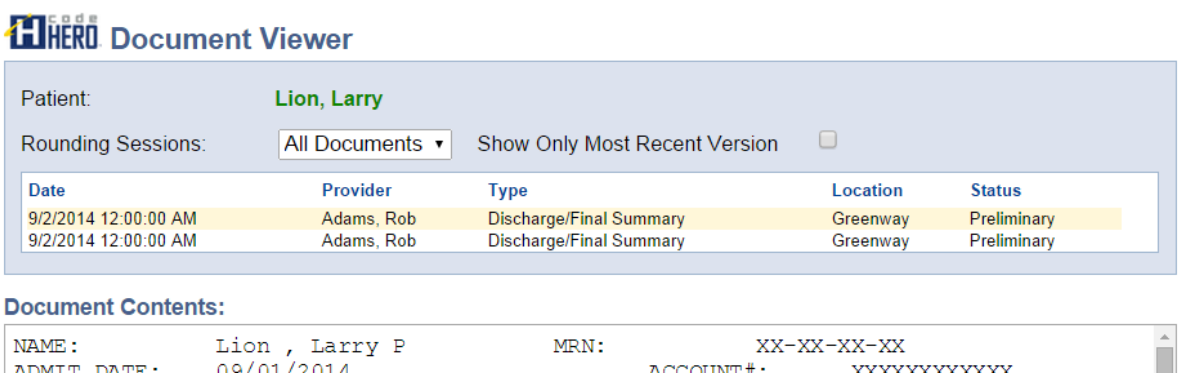
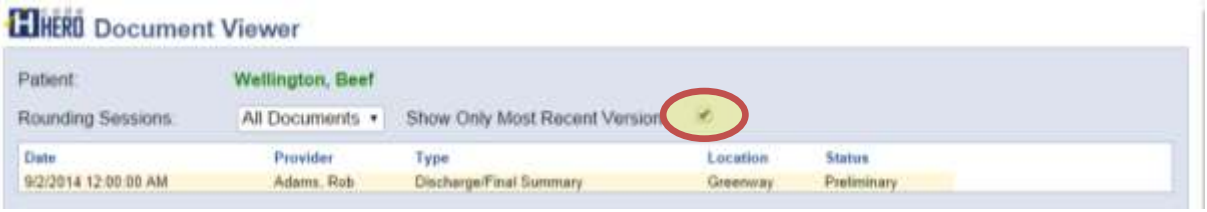



Hide any preliminary reports by selecting “Show Only Most Recent Version”




Documents can be viewed in the content window after they are selected from the list above.

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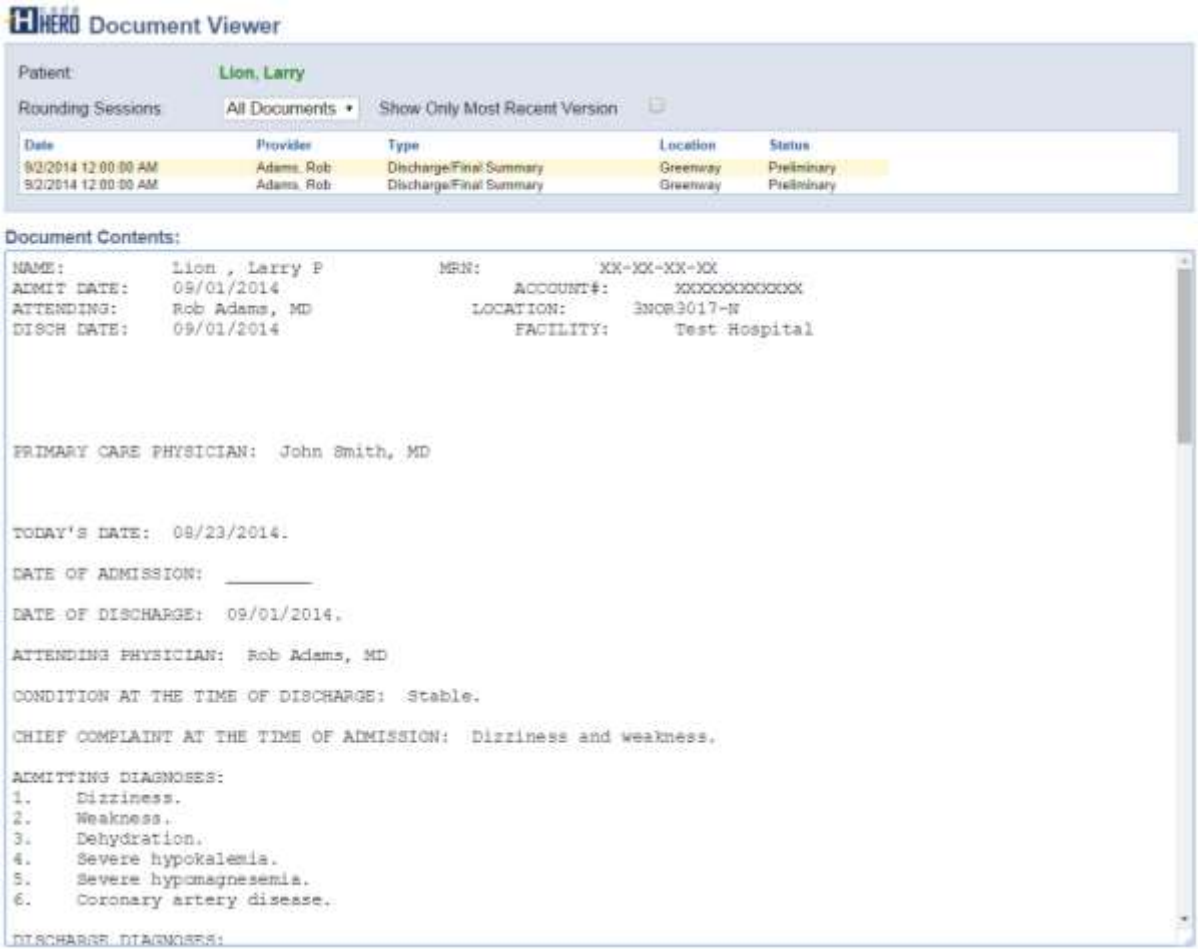

HERO Document Viewer

Patient: Lion, Larry

Rounding Sessions: All Documents | Show Only Most Recent Version

| Date | Provider | Type | Location | Status |
|---|---|---|---|---|
| 9/2/2014 12:00:00 AM | Adams, Rob | Discharge/Final Summary | Greenway | Preliminary |
| 9/2/2014 12:00:00 AM | Adams, Rob | Discharge/Final Summary | Greenway | Preliminary |

Document Contents:

NAME: Lion , Larry P MRN: XX-XX-XX-XX
ADMIT DATE: 09/01/2014 ACCOUNT#: XXXXXXXXXXX
ATTENDING: Rob Adams, MD LOCATION: 3NOR3017-N
DISCH DATE: 09/01/2014 FACILITY: Test Hospital

PRIMARY CARE PHYSICIAN: John Smith, MD

TODAY'S DATE: 08/23/2014.

DATE OF ADMISSION: _____

DATE OF DISCHARGE: 09/01/2014.

ATTENDING PHYSICIAN: Rob Adams, MD

CONDITION AT THE TIME OF DISCHARGE: Stable.

CHIEF COMPLAINT AT THE TIME OF ADMISSION: Dizziness and weakness.

ADMITTING DIAGNOSES:
1. Dizziness.
2. Weakness.
3. Dehydration.
4. Severe hypokalemia.
5. Severe hypomagnesemia.
6. Coronary artery disease.

DISCHARGE DIAGNOSES:

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# COMMUNICATION AND SMS PAGING

## Communication Module

Reliable communication is vital to providing good patient care. CodeHERO integrates three unique features into the Clinical and Billing workflow modules that add significant user functionality.

## SMS Texting

Built in SMS Texting* allows users to immediately notify providers of changes in their census. This useful feature is integrated into the Admission Control Module™. Users can easily manage the flow of patients onto the census and simultaneously notify other users of these changes. On-call census management suddenly gets easier and sign-out reporting between cross covering providers is efficient and reliable.

## Clinical Notes

Because each patient is unique, CodeHERO has the ability to accept and store HIPAA compliant clinical information in the patient file. *Care plans, To Do lists, Results and Office EMR Notes* can be attached to a patient's record. Historical data follows the patient from user to user improving continuity of care and enhancing cross coverage sign-outs. All providers are up to date on the clinical information you feel is important to patient care.

## Billing Communication

Even with CodeHERO's powerful Charge Entry Module and Custom Code Bundle Wizard there may be times where you need to send a message to your billing team describing a unique clinical situation. CodeHERO allows you to attach a note to a patient's billing record at any time. Your billing team is instantly alerted. Notes can be reviewed at any time. Entries in the billing log are recorded by user and time/date stamped for security.

* Private SMS, cellular, text, and data rates may apply.

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# BILLING WORKFLOW

## BILLING OVERVIEW

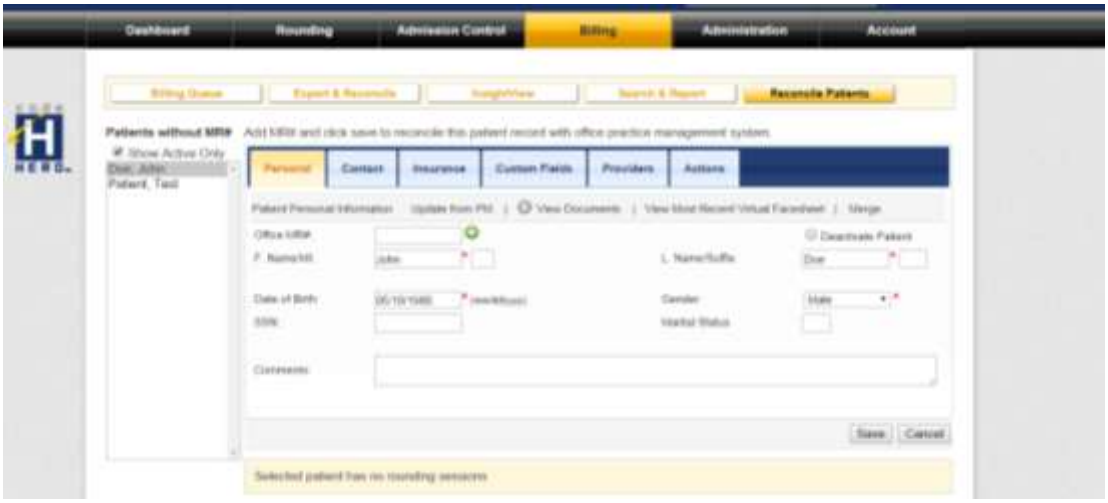
CodeHERO allows users to rapidly transmit charges from the point of service directly to the Billing Workflow. From there you can choose to scrub your codes right in CodeHERO and export to a practice management system for submission or choose to manually process your codes if you desire. CodeHERO works in harmony with whatever solution fits your practice.

The main feature available in the CodeHERO Billing workflow include

- **New Patient Reconciliation**: Update new patient demographic and insurance info, Assign PM chart numbers to New CodeHERO patients and link them to the corresponding patient in your PM system.
- **Billing Queue**: Lists all patients with new charges. View each charge and make necessary changes (scrubbing). Approve charges for export individually or as a batch.
- **Export and Reconcile**: Export charges manually or over an interface to your PM System and reconcile them once they get there.
- **Complete and Close Sessions for Archiving**: See where all the active charges are in the billing workflow. When all charges for a Rounding Session are reconciled then the session can be archived in this step.
- **Search and Report**: Search your code Hero Database based on Patient, Date, Diagnosis, Procedure, Provider, or Location.

## NEW PATIENT RECONCILIATION

Any patient without an Office MR # will appear in the Reconcile Patient Workflow as a New Patient.




If you practice had CodeHERO PRO with a PM system Interface, then follow these steps to link the new patients in this list to corresponding patients in your PM system.

1. First create a new patient in your PM system using the information available in the CodeHERO database.
2. Copy the Office MR# of the new patient into the corresponding field in CodeHERO.

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3. After this, all future PM system changes for this patient will be reflected in CodeHERO.
4. CodeHERO will not permit the creation of a duplicate medical record.

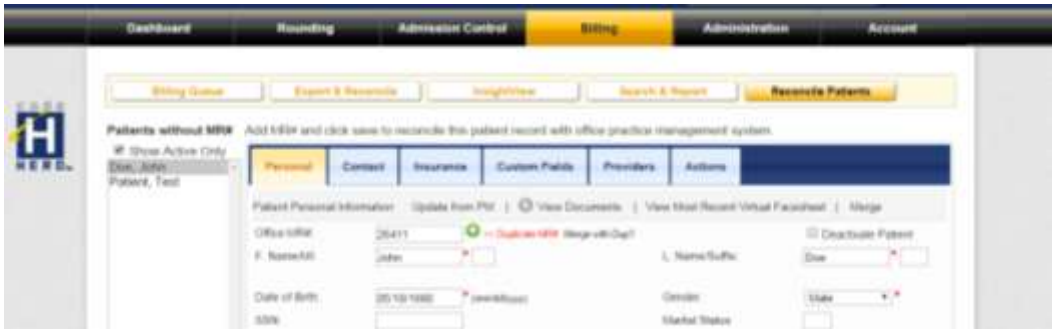
To see a summary of demographic information collected during the rounding session click

View Most Recent Rounding Session Report

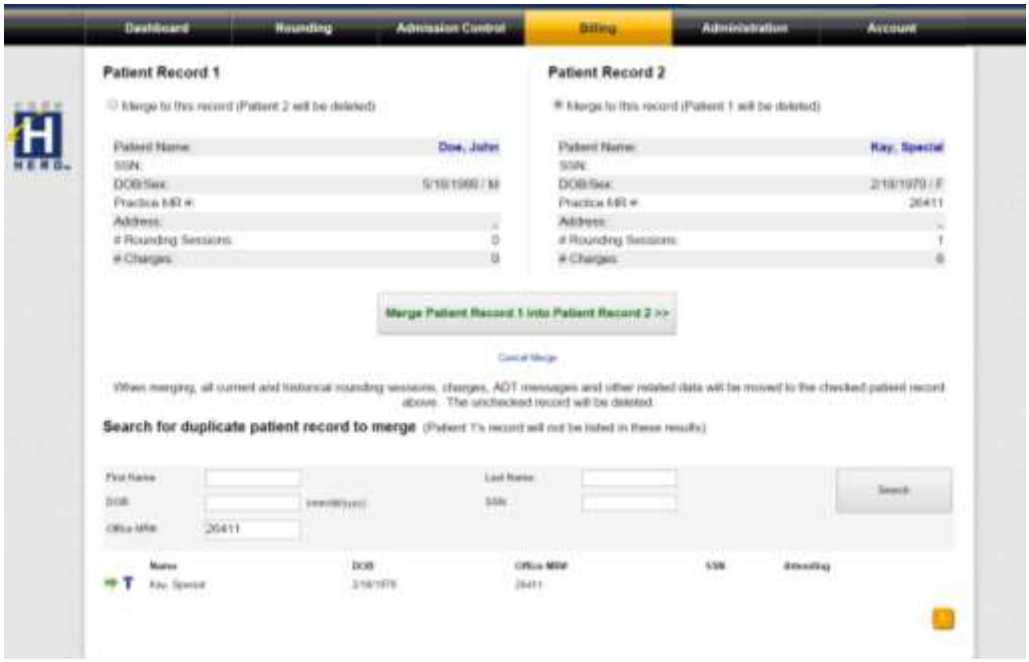
## MANAGING DUPLICATE RECORDS

In the event that a user creates a duplicate patient record, two records can be merged together into one complete record. The CodeHERO Merge Assistant helps users identify possible duplicate records and merge them.

Users will be warned of duplicates during the Reconcile Patient workflow in the billing area if a duplicate medical record is detected, or if other criteria are met.




Click “Merge with Duplicate” to activate the Merge Assistant.

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Use the buttons at the top of the screen to select the record with the most correct demographic information. This will be the destination file. All demographic information in the duplicate file will be deleted. All rounding data and charges from both records will become part of the destination file.

If there is more than one possible match, the search criteria at the bottom of the screen can be modified to select the correct merge files.

## MANUALLY MERGING RECORDS

Users may also manually activate the Merge Assistant from the Search/Add New Patient tab in Admission Control.

When a duplicate patient is suspected, click the Merge Icon and use the Merge Assistant to merge one file into the other.

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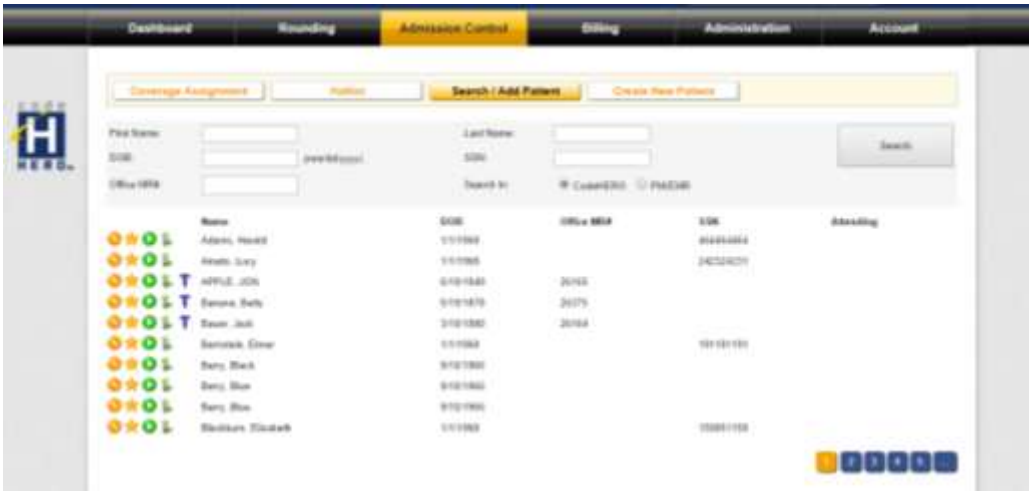
## MANUALLY DEACTIVATING A RECORD

In the event that a duplicate patient record has been created you can also manually deactivate the unwanted record by following the following steps: (although it is recommended to use the Merge Assistant instead)

Click on the Admission Control navigation icon and choose “Search / Add Patient”. Search for the duplicate patient record.

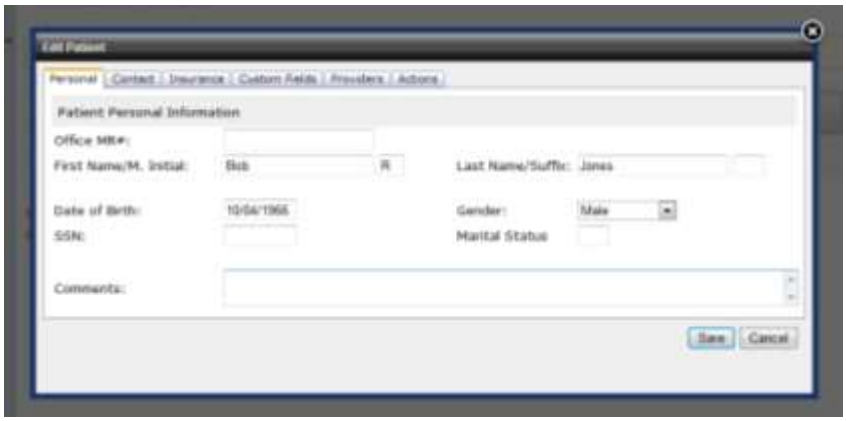



Click the pencil to edit the duplicate.

There are two main options for managing a duplicate patient:

- Deactivate the duplicate record: This is useful if there are charges associated with the record.
- Delete the duplicate record: This is only permitted if no charges are present and the patient is not in rounding

## DEACTIVATING A DUPLICATE RECORD




Click “Deactivate” to deactivate the duplicate record. In this case the office MR# should typically be left blank.

In active patients will not appear in the rounding workflow, but are searchable for reporting purposes.

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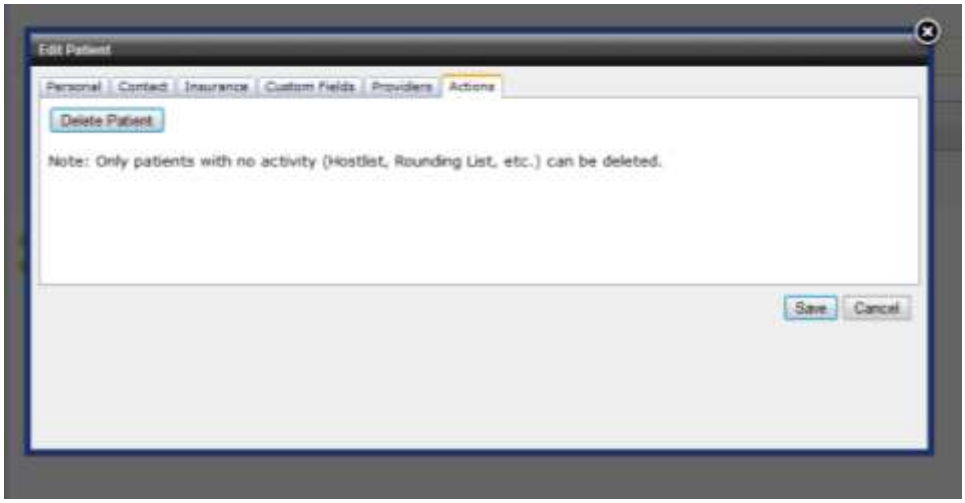
To reactivate a patient, simply uncheck the “Deactivate” box.

## DELETING A PATIENT RECORD

If no charges have been assigned to the patient, then the record can be completely deleted if desired

Click Actions to view the available options for the record.




Click delete to remove the record from the active database.

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## BILLING QUEUE

Click Billing Queue to view a list of charges submitted by providers for billing. The charges are grouped by patient and can be filtered by billing provider and location.

Choose to view all charges for all providers, or work on one provider at a time.

The list can be further sorted by clicking on "Sort By…" and selecting a parameter.

Select "Show flagged charges only" to limit the view to only flagged charges.

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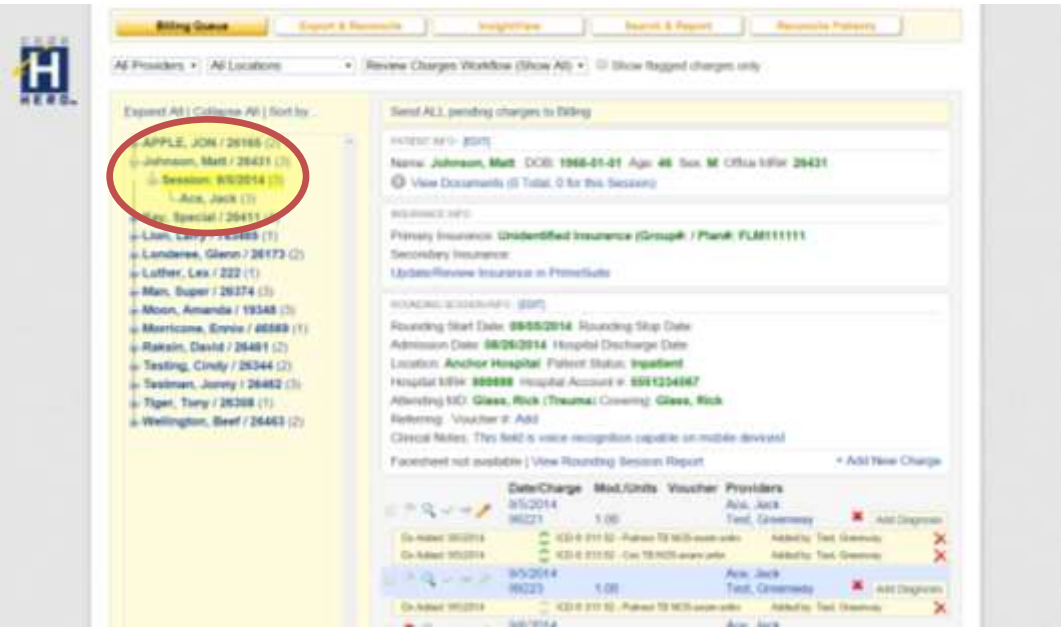
Clicking on a patient name will expand the selection showing any active rounding sessions containing charges to be processed.



The content area updates to show details about the selected patient or rounding session. Areas included are as follows:

## PATIENT INFO

Click Edit to edit patient information.

Click Documents to view available documents.

## INSURANCE INFORMATION

INSURANCE INFO
Primary Insurance: Unidentified Insurance (Group#: / Plan#: FLM111111
Secondary Insurance:
Update/Review Insurance in PrimeSuite

Click to review and update insurance if supported by your PM system.

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## ROUNDING SESSION INFORMATION

ROUNDING SESSION INFO - [EDIT]
Rounding Start Date: 09/05/2014 Rounding Stop Date:
Admission Date: 08/26/2014 Hospital Discharge Date:
Location: Anchor Hospital Patient Status: Inpatient
Hospital MR#: 989898 Hospital Account #: 5551234567
Attending MD: Glass, Rick (Trauma) Covering: Glass, Rick
Referring: Voucher #: Add
Clinical Notes: This field is voice recognition capable on mobile devices!
Facesheet not available | View Rounding Session Report

Click Edit to edit information about the rounding session. This will update for all users automatically.

If supported by your PM system, CodeHERO can generate visits and designate charge delivery to those visits. Click "Add" to activate this workflow.

ROUNDING SESSION INFO - [EDIT]
Rounding Start Date: 09/05/2014 Rounding Stop Date:
Admission Date: 08/26/2014 Hospital Discharge Date:
Location: Anchor Hospital Patient Status: Inpatient
Hospital MR#: 989898 Hospital Account #: 5551234567
Attending MD: Glass, Rick (Trauma) Covering: Glass, Rick
Referring: Voucher #: Add
Clinical Notes: This field is voice recognition capable on mobile devices!
Facesheet not available | View Rounding Session Report

Additional options appear as follows:

Click Generate Voucher Number to create a visit to receive incoming charges, if supported by your PM system.

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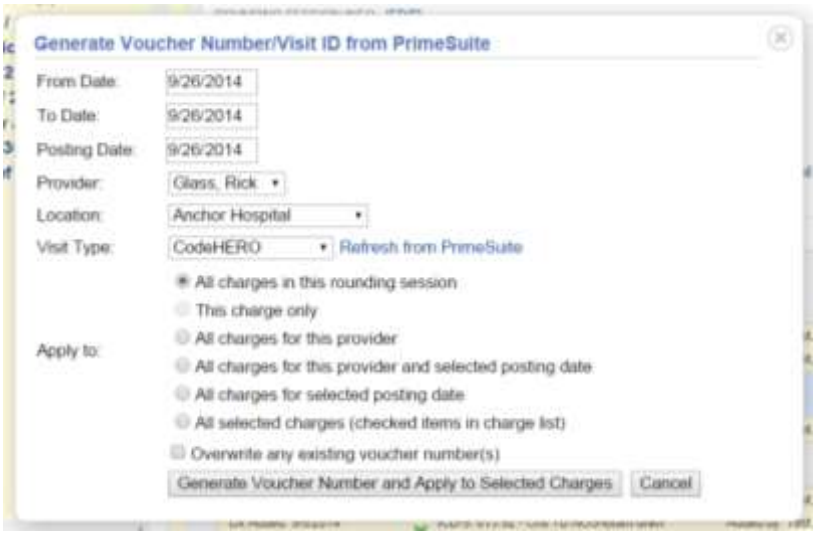


## REVIEW WORKFLOW

## EDITING CHARGES

Click the magnifying Glass ( ) to view the individual charges for that patient.

Charges are grouped and displayed by billing provider.

Click “View Virtual Facesheet” to see any hospital demographic and insurance information collected by CodeHERO.

Charges, Charge Notes, Modifiers, Voucher #s, Diagnoses, and Billing notes can be viewed here.

To make changes to an individual charge click the magnifying glass ( ) to next to the charge.

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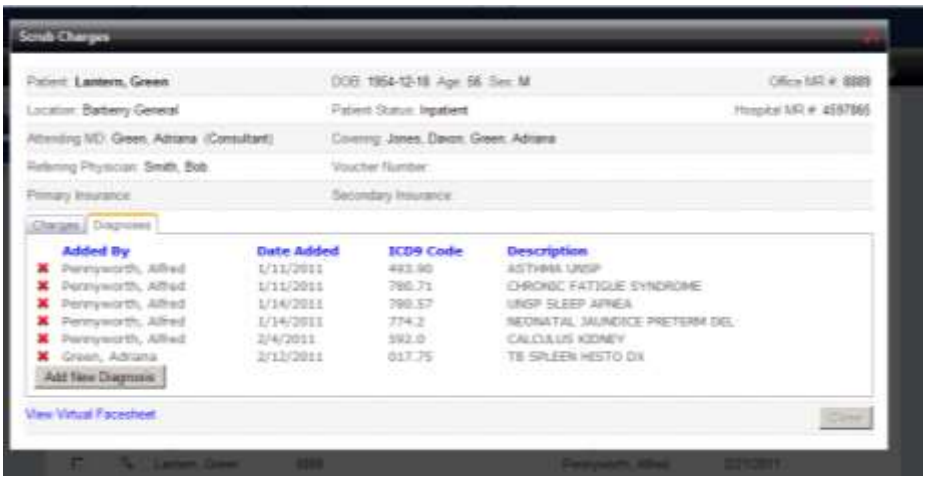
The Scrub Charges Window allows you to modify the charge, Modifier, Note, and date and voucher number.

If you need to change a CPT® code or modifier, simply edit the code and click verify.

To add a completely new charge click “add new Charge”.

## EDITING DIAGNOSIS CODES FOR CHARGES IN BILLING

Diagnoses can be viewed by clicking the “Diagnoses” Tab.




Add a diagnosis to the list by clicking “Add New Diagnosis”

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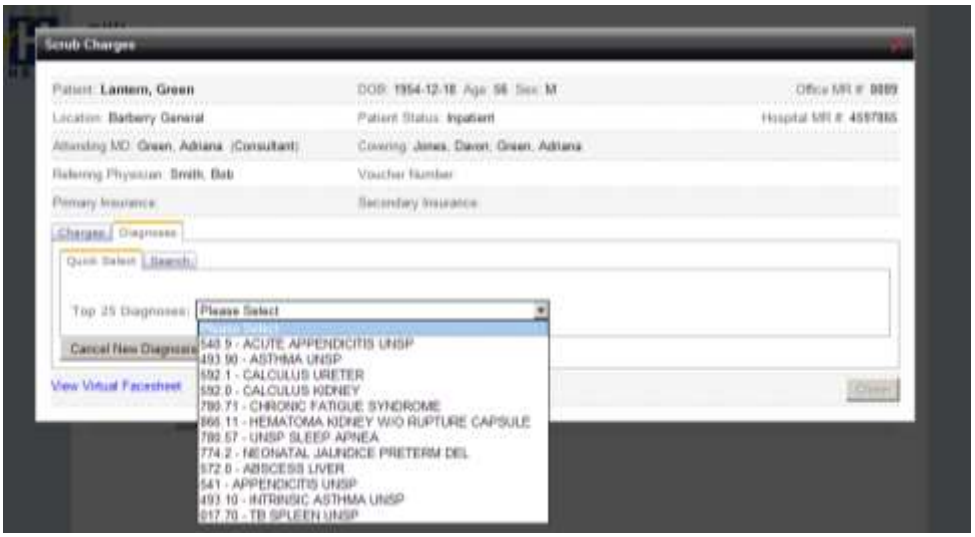


Select appropriate diagnosis from top 25 list, or search entire active ICD catalog.

By default, any changes made here will be applied to all the charges in the group you are working on.

To change the charge on a single particular charge, clear all the other charges from the scrub codes window and adjust the diagnosis for the remaining charge.

Click Update to save your changes.

Click Close to go back to the previous screen.

## APPROVING INDIVIDUAL CHARGES

Click the check box next to any charge to approve it and move it to the Export and Reconcile area for manual processing.

Approved Charges are not marked for export. (To approve and export a charge in one step click Approve and Export. See below)

## APPROVING AND EXPORTING INDIVIDUAL CHARGES

Click the green arrow next to any charge to approve it and automatically export it to an interface in one step. (CodeHERO Pro users only)

## APPROVING MULTIPLE CHARGES

Select individual charges using the check boxes, or click “Select All” to select all the visible codes for processing.

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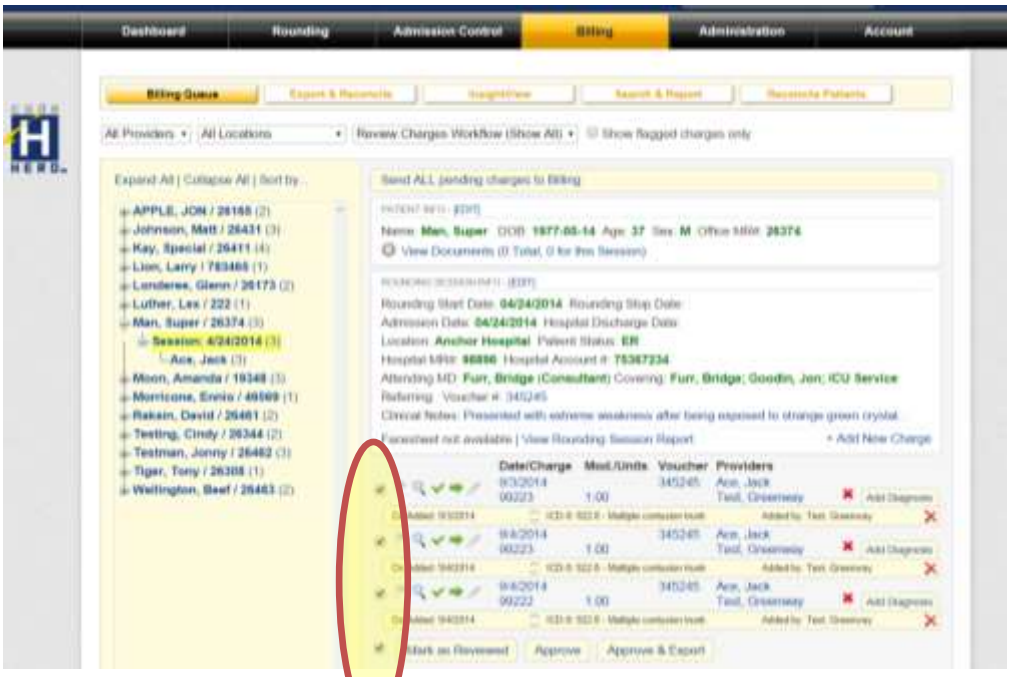
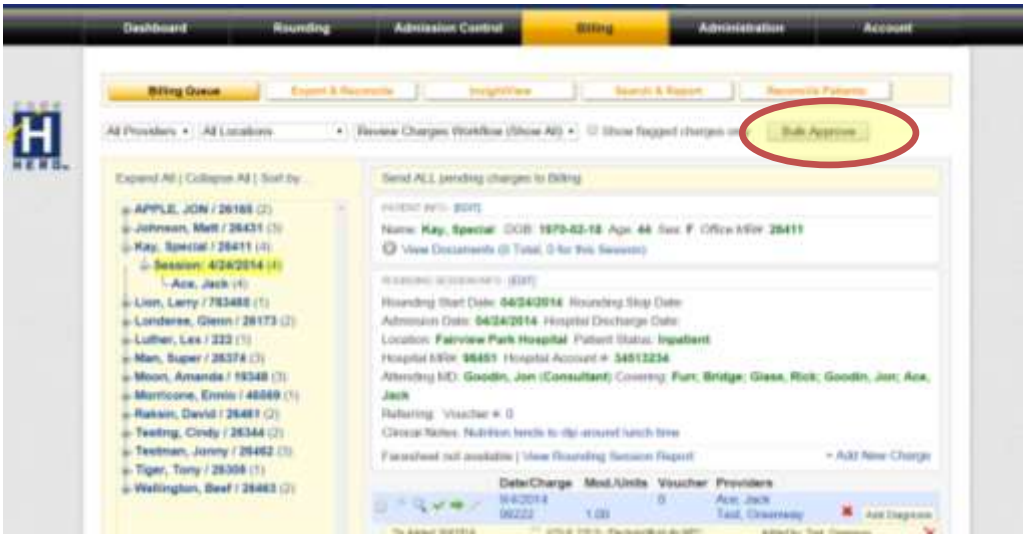



Click “Approve” or Approve and Export” to process all the selected charges at once.

## BULK APPROVE

If enabled, this option allows billing users to approve and export any charges that are displayed after the sorting filters are applied.




This only applies to charges that are NOT Flagged or in the Review Workflow. These Charges must be manually unflagged or marked as reviewed before bulk processing. (see Managing Flagged Orders, and Review Workflow)

## MANAGING FLAGGED ORDERS

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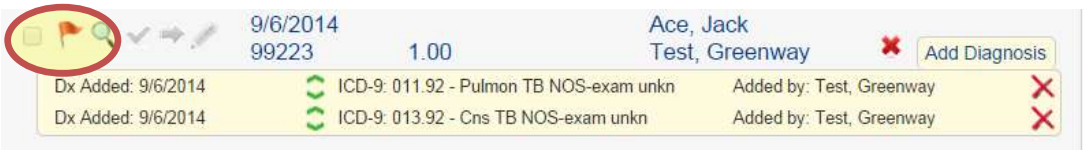
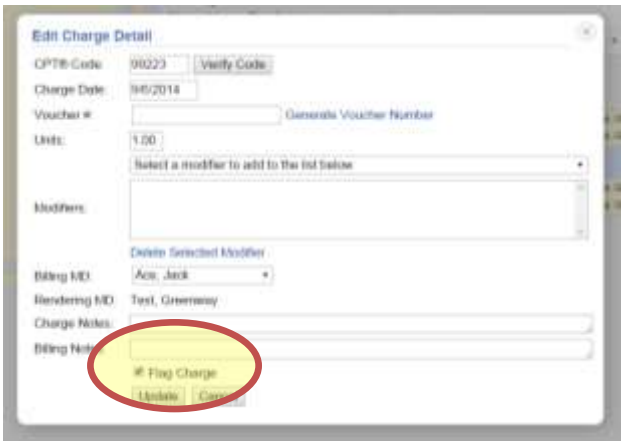
When a provider flags an order, a flag appears next to that patient in the billing queue.




This charge will not be available for approval and export until the flag is acknowledged and removed.

Click on the charge to edit the charge details and remove the flag.




Or click directly on the red flag to un-flag the charge.

The charge will now be available for processing.

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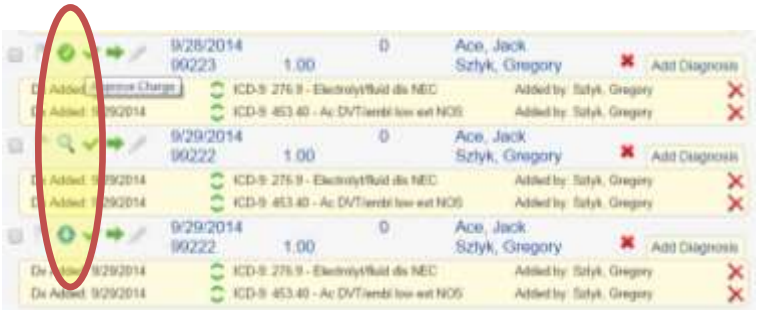
## REVIEW WORKFLOW

If enabled, the Review Workflow allows users to “sideline” charges that need additional review.




When a charge is placed into the Review Workflow it will be marked “For Review “. After review has been completed the charge can be marked “Reviewed”

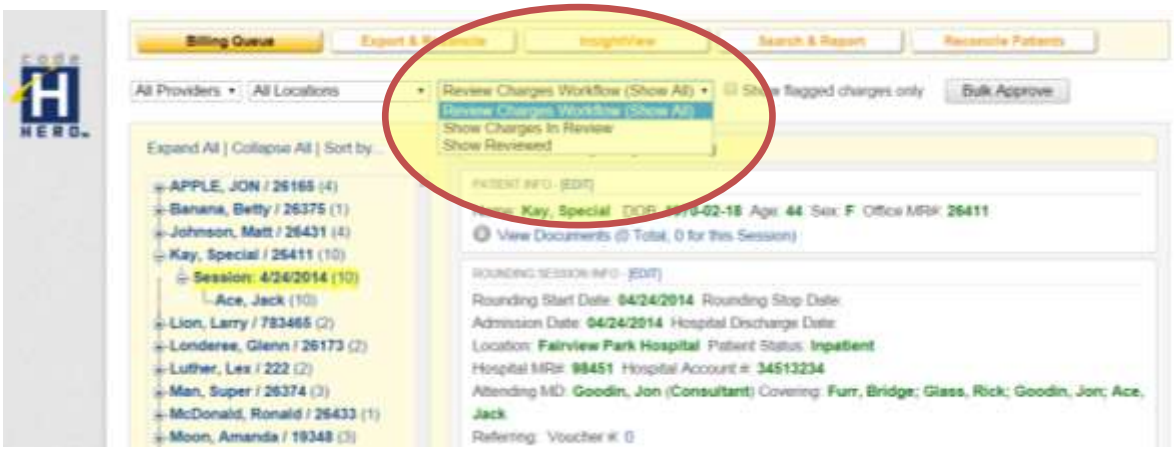
Click the blue “+” to place a charge in the Review Workflow

A magnifying glass will appear, indicating the charge is under review.

Click the magnifying glass to mark the charge as “Reviewed”

A green check mark indicates that the charge has been reviewed.

Charges in the Billing Queue can be filtered by Review Status so that charges in different stages of the Review Workflow can be accessed.

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## EXPORT AND RECONCILE

Once a charge has been approved, it is displayed in the Export and Reconcile workflow. Individual charges are listed in a work-list format to allow for rapid processing of the charges using either manual or automated export.

**Exporting** a charge, either manually or electronically, is the process by which a charge is delivered to your PM system for billing. This will involve either rekeying the charge directly into the PM system, or simply transmitting the charge over a HL7 interface. (CodeHERO Pro Users)

**Reconciling** a charge represents acknowledging the receipt of that particular charge by the PM system. This charge is then ready to be archived in CodeHERO.

Sorting features for this workflow include the following:

**Show:** Unreconciled or Reconciled charges

**Sort by:** Billing Provider, Billing User, Location, or Patient

**Display:** All Providers or just one at a time

**Display Items per page:** 10, 20, 30, 50, 100

The export status of any individual charge can be seen by hovering over the " View History" Icon.

## MANUAL CHARGE EXPORTING AND RECONCILIATION

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If your practice elects to manually rekey charges from CodeHERO to a PM system, the Export and Reconcile window will serve as a work list.

After choosing the desired sorting criteria, begin rekeying the charges. As you work, click the reconcile icon to indicate that the charge has been entered into the PM system.

You can choose to reconcile one charge at a time or several at once by checking the box adjacent to each charge.

At the bottom of the screen select Reconcile Selected to process them all at once.

**Note:** If you ever need to see a list of recently reconciled charges, simply select "show reconciled charges" from the drop down menu at the top of the list.

## EXPORTING CHARGES USING A PM INTERFACE

CodeHERO Pro users with a practice management interface installed can export charges directly from CodeHERO to the PM system for billing.

Charges can be exported directly from the Billing Queue or from the Export and Reconcile page.

The export status of any individual charge can be seen by hovering over the green arrow . (CodeHERO Pro Users only)

Click the green arrow to export a charge directly to the PM system.

The CodeHERO export interface typically runs every 60 seconds.

You can choose to export one charge at a time or several at once by checking the box adjacent to each charge.

At the bottom of the screen select Export Selected to send them all at once.

## RECONCILING CHARGES

**Reconciling** a charge represents acknowledging the receipt of that particular charge by the PM system. This charge is then ready to be archived in CodeHERO.

Click the reconcile icon to indicate that the charge has been acknowledged by the PM system.

You can choose to reconcile one charge at a time or several at once by checking the box adjacent to each charge.

At the bottom of the screen select Reconcile Selected to process them all at once.

**Note:** If you ever need to see a list of recently reconciled charges, simply select "show reconciled charges" from the drop down menu at the top of the list.

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## ACCESSING RECONCILED CHARGES

To see a list of recently reconciled charges, simply select “show reconciled charges” from the drop down menu at the top of the list.

A date range can be specified for this list if you need to recover work done during a certain time period.

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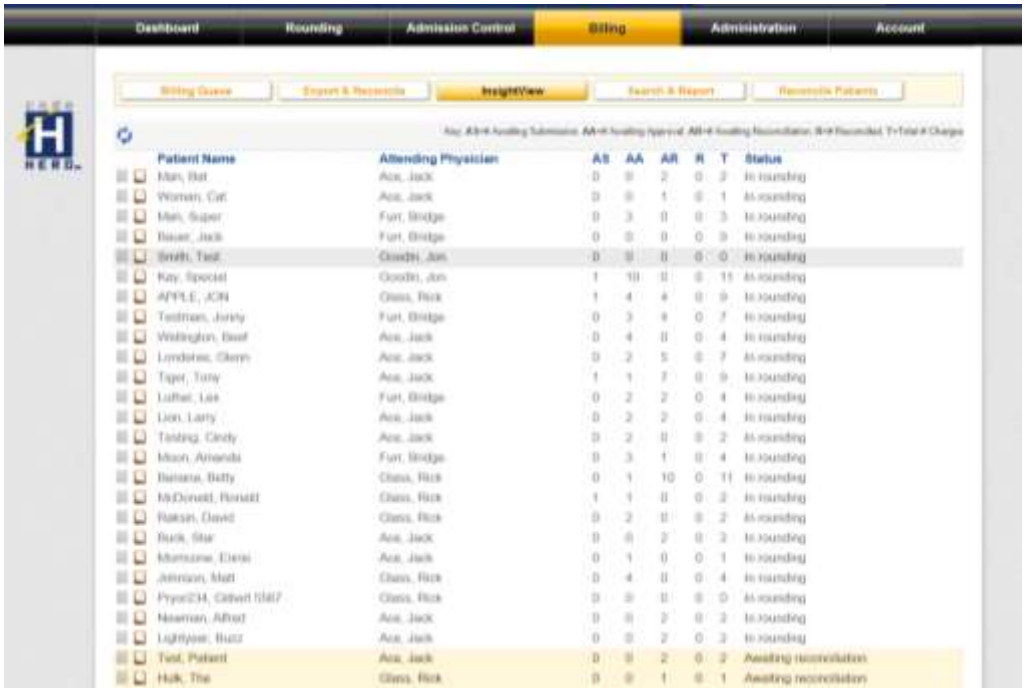
## INSIGHTVIEW

CodeHERO carefully monitors the status of charges generated during a patients hospital stay. InsightView displays, in table format, where each patients charges are in the workflow.




Each rounding session is displayed once indicating its status in the billing workflow as well as the status of each individual charge. Click on a column header to sort by that value.

Key: **AS**=# Awaiting Submission, **AA**=# Awaiting Approval, **AR**=# Awaiting Reconciliation

When all charges for a particular hospitalization / Rounding Session have made it through the complete billing workflow, indicated by a Green highlight over the patient's name, the patients Rounding Session will be available for Archiving, thus **Closing** the Session.

To close a rounding session click on the file cabinet next to the patient's name.

## VIEWING A ROUNDING SESSION REPORT

A complete summary of the current rounding session can be viewed from the Complete and Close workflow by clicking on the clipboard icon next to the patient's name.

A summary of all the information available will display in a printable format. This is called a Rounding Session Report.

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# Rounding Session Report

Print | Close

| | | | | | |
|---|---|---|---|---|---|
| Patient: | Johnson, Matt | Hospital: | Anchor Hospital | Admission Date: | 8/26/2014 |
| Office MR#: | 26431 | Hospital MR#: | 999898 | Discharge Date: | |
| DOB: | 1/1/1968 | Hospital Account #: | 5551234567 | Rounding Start Date: | 9/5/2014 |
| Age/Gender: | 46/M | Admission Type: | Inpatient | Rounding Stop Date: | |
| SS#: | 133133133 | Service Type: | Trauma | | |
| Attending Physician: | Glass, Rick | Voucher #: | | View Current Virtual Facesheet | |
| Referring Physician: | | | | | |

Clinical Notes:
Sep 6 2014 4:24PM - Test, Greenway: This field is voice recognition capable on mobile devices!
Sep 5 2014 10:08PM - Test, Greenway: Test.
Sep 5 2014 10:08PM - Test, Greenway: Test.
Sep 5 2014 10:05PM - Glass, Rick:

## Active Diagnoses

| Code | Description |
|---|---|
| 011.92 | Pulmon TB NOS-exam unkn |
| 013.92 | Cns TB NOS-exam unkn |

## Charges In Rounding

| Date | Code | Modifier | Billing Provider | Rendering Provider |
|---|---|---|---|---|
| 9/6/2014 | Admit Lvl 2 | | Ace, Jack | Test, Greenway |
| | Code Description: | Level 2 Admit | | |
| | Charge Note: | | | |
| | Billing Charge: | | | |
| | Diagnoses: | 011.92 - Pulmonary tuberculosis, unspecified, bacteriological or histological examination unknown (at present) | | |
| 9/7/2014 | Admit Lvl 2 | | Ace, Jack | Test, Greenway |
| | Code Description: | Level 2 Admit | | |
| | Charge Note: | | | |
| | Billing Charge: | | | |
| | Diagnoses: | 011.92 - Pulmonary tuberculosis, unspecified, bacteriological or histological examination unknown (at present) | | |

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## SEARCH AND REPORT

The search and report tool allows users to access data from the CodeHERO database using specific search criteria.

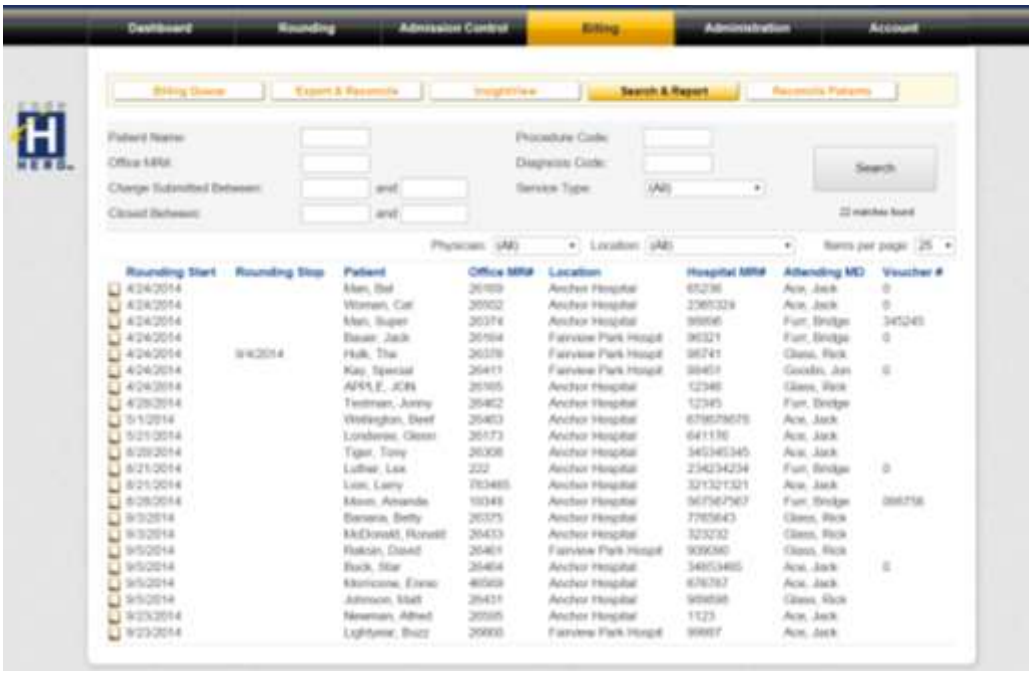
From within the Billing Workflow click Search and Report to access this utility.

Reports can be generated based on the following criteria:

Patient Name, Office MR #, Charge Date, Archive (Close) Date, Procedure Code, Diagnosis Code

Results can then be narrowed according to the following:

Attending Physician, Location of Service




Click the blue column header to sort the list according to that value.

Click the clipboard icon to view the detailed Rounding Session Report for that line item.

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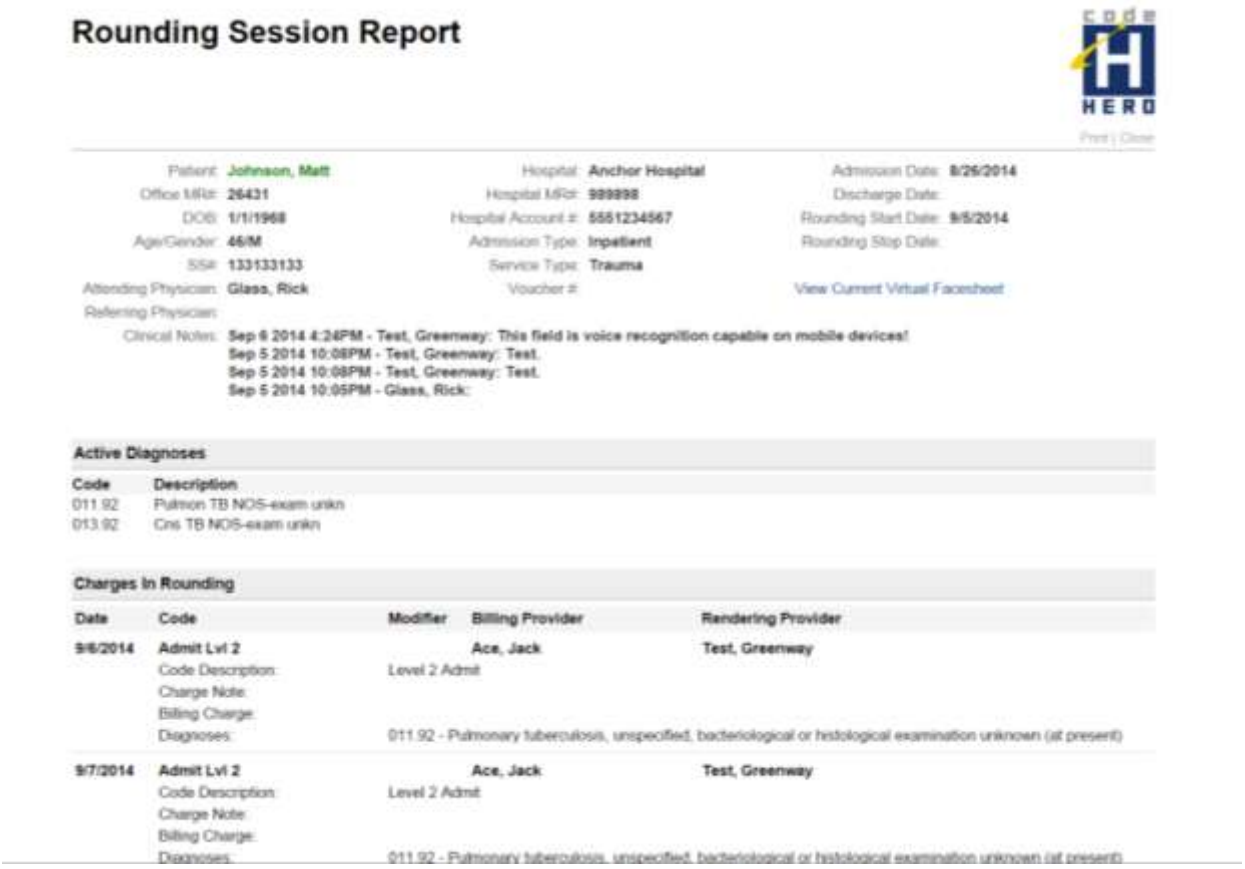

Rounding Session Report

Print | Close

| | | | | | |
|---|---|---|---|---|---|
| Patient: | Johnson, Matt | Hospital: | Anchor Hospital | Admission Date: | 8/25/2014 |
| Office MRN: | 26431 | Hospital MRN: | 989898 | Discharge Date: | |
| DOB: | 1/1/1968 | Hospital Account #: | 5551234567 | Rounding Start Date: | 9/5/2014 |
| Age/Gender: | 46/M | Admission Type: | Inpatient | Rounding Stop Date: | |
| SS#: | 133133133 | Service Type: | Trauma | | |
| Attending Physician: | Glass, Rick | Voucher #: | | View Current Virtual Facesheet | |
| Referring Physician: | | | | | |

Clinical Notes: Sep 6 2014 4:24PM - Test, Greenway: This field is voice recognition capable on mobile devices!
Sep 5 2014 10:08PM - Test, Greenway: Test.
Sep 5 2014 10:08PM - Test, Greenway: Test.
Sep 5 2014 10:05PM - Glass, Rick:

**Active Diagnoses**

| Code | Description |
|---|---|
| 011.92 | Pulmon TB NOS-exam unkn |
| 013.92 | Cns TB NOS-exam unkn |

**Charges In Rounding**

| Date | Code | Modifier | Billing Provider | Rendering Provider |
|---|---|---|---|---|
| 9/6/2014 | Admit Lvl 2 | | Ace, Jack | Test, Greenway |
| | Code Description: | Level 2 Admit | | |
| | Charge Note: | | | |
| | Billing Charge: | | | |
| | Diagnoses: | 011.92 - Pulmonary tuberculosis, unspecified, bacteriological or histological examination unknown (at present) | | |
| 9/7/2014 | Admit Lvl 2 | | Ace, Jack | Test, Greenway |
| | Code Description: | Level 2 Admit | | |
| | Charge Note: | | | |
| | Billing Charge: | | | |
| | Diagnoses: | 011.92 - Pulmonary tuberculosis, unspecified, bacteriological or histological examination unknown (at present) | | |

## VIEWING THE VIRTUAL FACESHEET

If your affiliated hospital has an ADT notification service (such as Medicity) you will be able to view and print hospital registration data captured by CodeHERO by clicking “View Virtual Facesheet.” This link is available from the reconcile patient workflow, the scrub charges workflow, and from any edit patient window in rounding, search, or admission control.

View Virtual Facesheet

A record of all the ADT notifications received for that patient is displayed. Choose from any of the listed ADT notifications to view and print demographics, insurance, and admission information directly from the hospital system.

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## Virtual Facesheet: APPLE, JON

Tabbed View | Print | Close

### Patient Information

| | | | | | |
|---|---|---|---|---|---|
| Patient Name: | APPLE JON | Patient ID Internal: | 12346 | DOB: | 19490619 |
| Sex: | M | Race: | W | Religion: | A |
| Marital Status: | D | Patient Address: | 1234 EAST LANE<br>MIAMI, FL 33101 | County Code: | 086 |
| | | | | Primary Language: | E |
| Patient Account #: | 13067 | Ethnic Group: | W W | Living Will: | N |
| Publicity Indicator: | N | Protection Indicator: | N | | |

### Next of Kin

| Name | Relationship | Address | Phone | Bus. Phone | Contact Role |
|---|---|---|---|---|---|

### Visit Information

| | | | | | |
|---|---|---|---|---|---|
| Patient Class: | I | Assigned Location: | NUR1 303 2 | Admission Type: | 3 |
| Attending Doctor: | ADAMS, ROB (2644) | Referring Doctor: | CLARK, TIMOTHY M (127) | Hospital Service: | C |
| Admit Source: | 1 | VIP Ind.: | N | Admitting Doctor: | ADAMS, ROB (196) |
| Patient Type: | I | Financial Class: | 3 | Admit Date/Time: | 02/10/2014 12:43am |
| Discharge Date/Time: | 02/10/2014 12:47am | Accommodation Code: | S | Discharge Disp: | 09 ADMITTE |
| Visit Protection Ind.: | N | | | | |

### Insurance

| Plan ID | Company Name | Address | Group # | Group Name | Policy Number | Plan Type | InsuredName | Relation To Patient |
|---|---|---|---|---|---|---|---|---|
| 1 | AARP | P O BOX 740819<br>UNITED HLTHCARE CLMS DIV<br>ATLANTA, GA 303740819 | | | | C | APPLE JON | 01 Patient |

### Guarantors

| Number | Name | Address | Phone | DOB | Sex | Type | Relationship | SSN |
|---|---|---|---|---|---|---|---|---|
| 3643 | APPLE, JON | 2626 WEST LANE<br>MIAMI, FL 33101 | | | M | | | |

### Diagnoses

| Dx Method | Code/Description | Description | Dx Date/Time |
|---|---|---|---|

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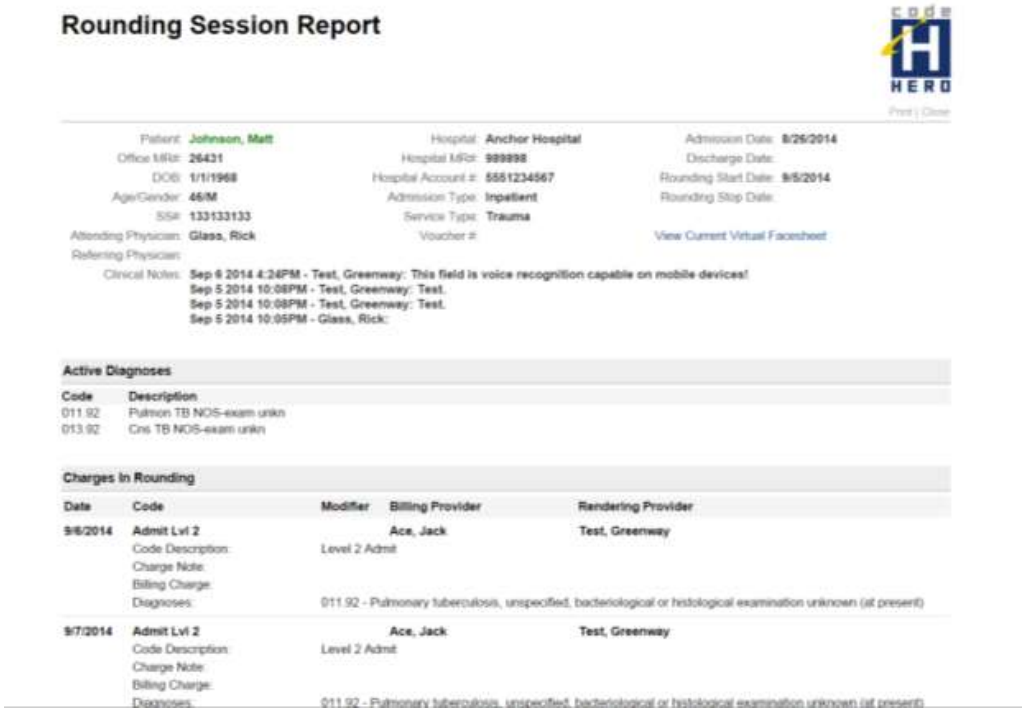
## ROUNDING SESSION REPORTS

A rounding session report is a summary of all recorded data attributed to a patient during a particular hospital admission or visit. Rounding session reports can be accessed from the search and report utility or from various parts of the billing workflow.

Sample Rounding Session Report:



**Rounding Session Report**

Patient: Johnson, Matt | Hospital: Anchor Hospital | Admission Date: 8/26/2014
Office MR#: 26431 | Hospital MR#: 999998 | Discharge Date:
DOB: 1/1/1968 | Hospital Account #: 5551234567 | Rounding Start Date: 9/5/2014
Age/Gender: 46/M | Admission Type: Inpatient | Rounding Stop Date:
SS#: 133133133 | Service Type: Trauma
Attending Physician: Glass, Rick | Voucher #: | View Current Virtual Facesheet
Referring Physician:
Clinical Notes: Sep 6 2014 4:24PM - Test, Greenway: This field is voice recognition capable on mobile devices!
Sep 5 2014 10:08PM - Test, Greenway: Test.
Sep 5 2014 10:08PM - Test, Greenway: Test.
Sep 5 2014 10:05PM - Glass, Rick:

**Active Diagnoses**

| Code | Description |
|---|---|
| 011.92 | Pulmon TB NOS-exam unkn |
| 013.92 | Cns TB NOS-exam unkn |

**Charges In Rounding**

| Date | Code | Modifier | Billing Provider | Rendering Provider |
|---|---|---|---|---|
| 9/6/2014 | Admit Lvl 2 | | Ace, Jack | Test, Greenway |
| | Code Description: | Level 2 Admit | | |
| | Charge Note: | | | |
| | Billing Charge: | | | |
| | Diagnoses: | 011.92 - Pulmonary tuberculosis, unspecified, bacteriological or histological examination unknown (at present) | | |
| 9/7/2014 | Admit Lvl 2 | | Ace, Jack | Test, Greenway |
| | Code Description: | Level 2 Admit | | |
| | Charge Note: | | | |
| | Billing Charge: | | | |
| | Diagnoses: | 011.92 - Pulmonary tuberculosis, unspecified, bacteriological or histological examination unknown (at present) | | |

## VIEWING A ROUNDING SESSION REPORT

In the billing workflow, click on “view Most Recent Rounding Session Report “ to see the corresponding report.

From the Search and Report and InteliView screens, the corresponding Rounding session report can be accessed by clicking on the Clip Board Icon.

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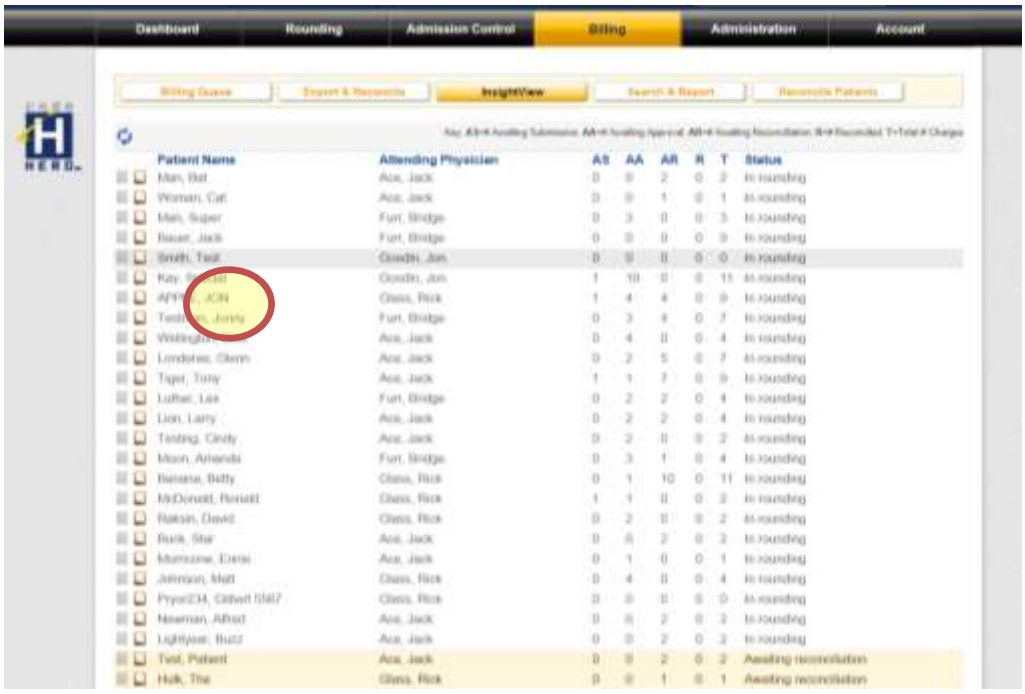


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## SEARCH TOOL

There is a search tool at the top of each page.

Users can search by Name, DOB, or MR# ( Office or Hospital)

Enter the desired search criteria.

Choose the desired action from the following options:

- Edit Rounding / Covering
- Edit Patient
- Add to Rounding

Click Advanced Search to jump to the Admission Control Search Tool

If no matching patients exist, click “Add New Patient” to create a new patient.

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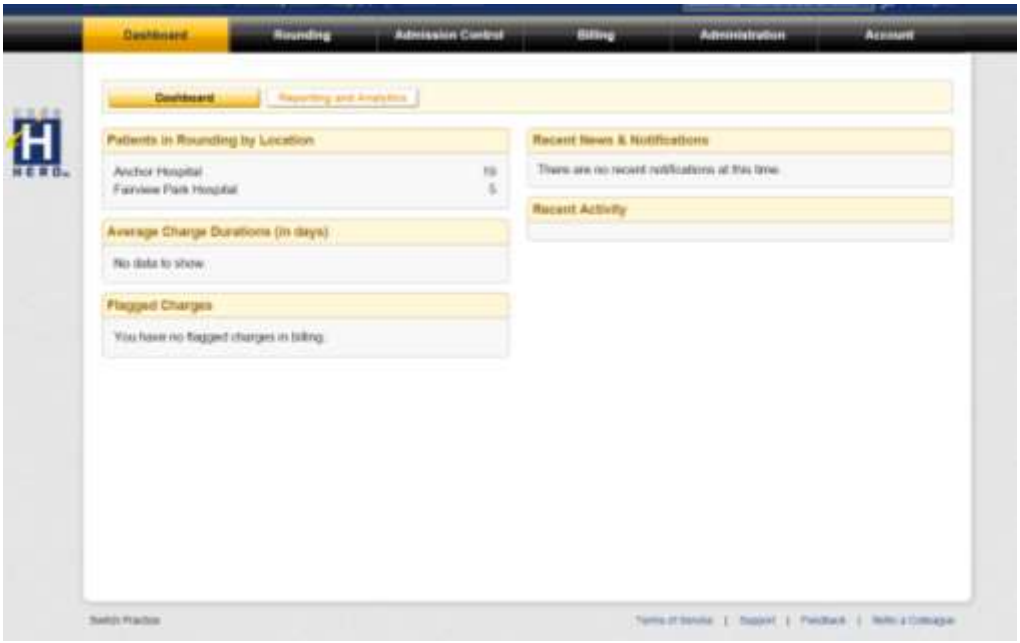
## DASHBOARD

Key performance indicators and activity reports are available real time on the Dashboard. Each user's dashboard is tailored to their specific role.




Information that may be seen here includes:

- Distribution of the practice census.
- List of recent activity.
- Link to Flagged Items in the Billing Queue.
- Average Charge Processing Durations.
-

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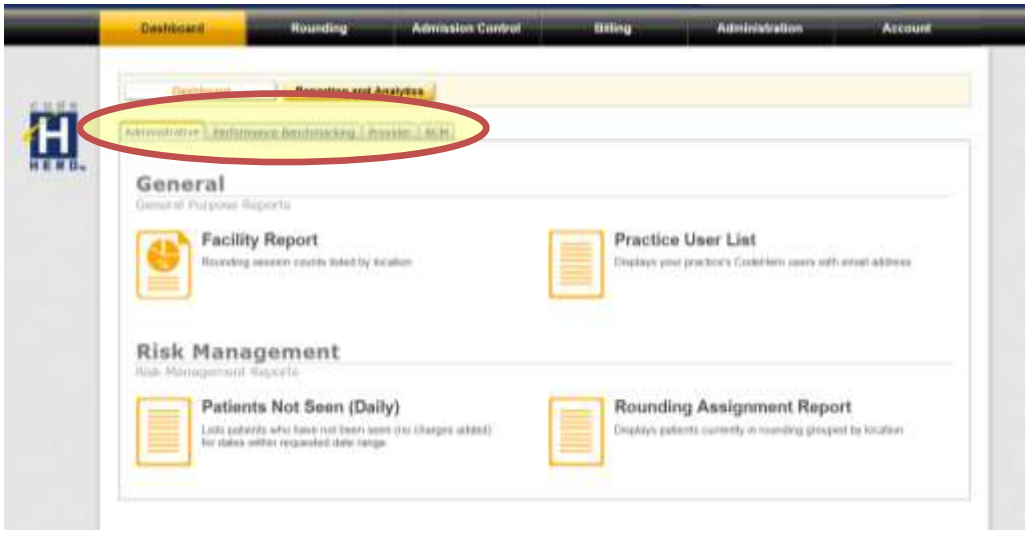
## REPORTING AND ANALYTICS

The Reporting and Analytics suite provided Administrative, Performance, Provider, RCM and Enterprise level reports.

Choose a report from the appropriate category.




Enter the desired parameters, or select a pre-defined time range.

Click “Run Report” to view the results

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Results can be exported to Excel for additional data processing if desired.

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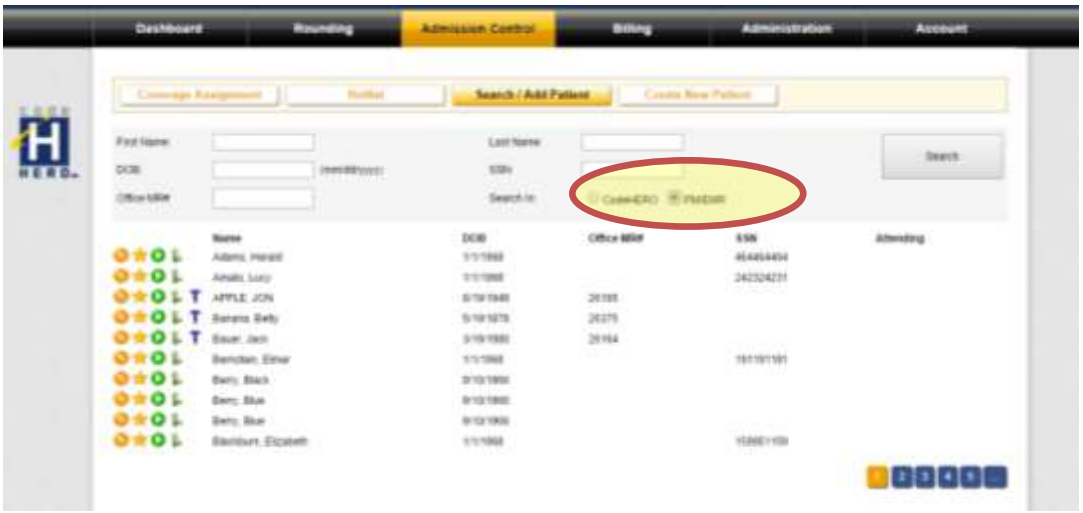
# ADDITIONAL INTERFACE FEATURES

CodeHERO has partnered with various EMR platforms to offer a comprehensive rounding and charge capture solution to its users. Several unique features are enabled for practices using API enabled versions of CodeHERO including:

- Search EMR database for new patients.
- Create new patients and chart numbers automatically in EMR.
- Create and Activate Visits in EMR.
- Send Charges directly to EMR without rekeying.

## SEARCHING EMR FOR A PATIENT

The Search tool in the Admission Control workflow allows users to search their EMR database for existing patients.




Select the “PM/EMR” radio button when performing the search to include the EMR database in your query.

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## CREATING NEW PATIENTS IN API INTERFACED EMR

CodeHERO allows users to automatically create New Patients in the EMR using data collected in CodeHERO. New Patients are identified in the Reconcile Patients window of the Billing workflow.

Click the Green to automatically create the patient in the EMR and return the new EMR MR#.

Click “Save” to update the CodeHERO record and remove the patient from the Reconcile list.

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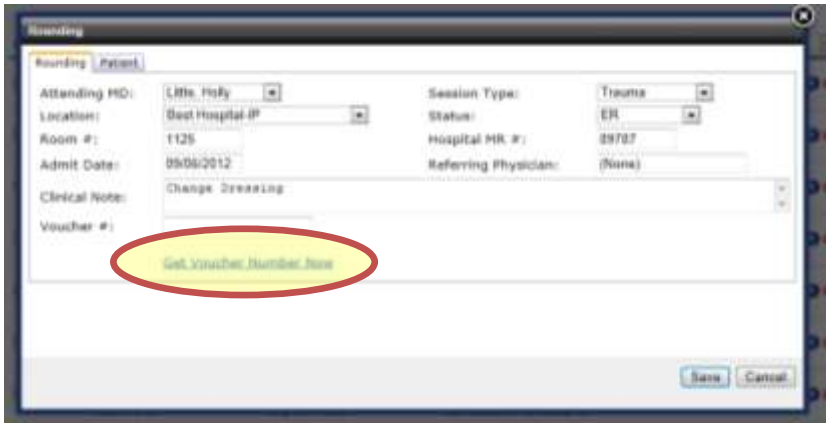
## CREATING VISIT ID#S MANUALLY

To successfully transmit charges to the EMR, a patient must have a valid MR# and a valid Visit ID#. The Voucher# in CodeHERO corresponds to the Visit ID# in the EMR.

If the Visit ID#/Voucher is not automatically generated at the time the patient is initially added to rounding, one can be created in two ways.

### CREATING THE VISIT ID#/VOUCHER IN ROUNDING

Open the "Edit Rounding Session" window by clicking next to the patient's name in the Rounding workflow.

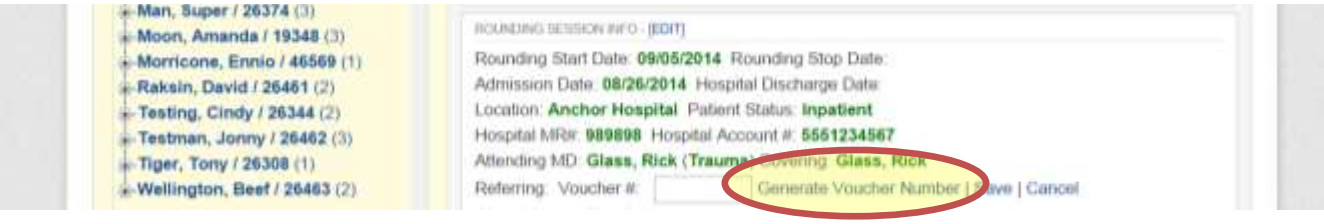



Click "Get Voucher Number Now" to generate the Visit id#/Voucher for the selected patient.

### CREATING THE VISIT ID#/VOUCHER IN BILLING

If a voucher number has not been created in the Rounding Workflow, one can be generated in the Billing Workflow when viewing the charges in the Billing Queue.

Click "Generate Voucher Number" to generate the Visit id#/Voucher for the selected patient.


Man, Super / 26374 (3)
Moon, Amanda / 19348 (3)
Morricone, Ennio / 46569 (1)
Raksin, David / 26461 (2)
Testing, Cindy / 26344 (2)
Testman, Jonny / 26462 (3)
Tiger, Tony / 26308 (1)
Wellington, Beef / 26463 (2)
ROUNDING SESSION INFO - [EDIT]
Rounding Start Date: 09/05/2014 Rounding Stop Date:
Admission Date: 08/26/2014 Hospital Discharge Date:
Location: Anchor Hospital Patient Status: Inpatient
Hospital MR#: 989898 Hospital Account #: 5551234567
Attending MD: Glass, Rick (Trauma
Referring:
Voucher #:
Generate Voucher Number
Cancel

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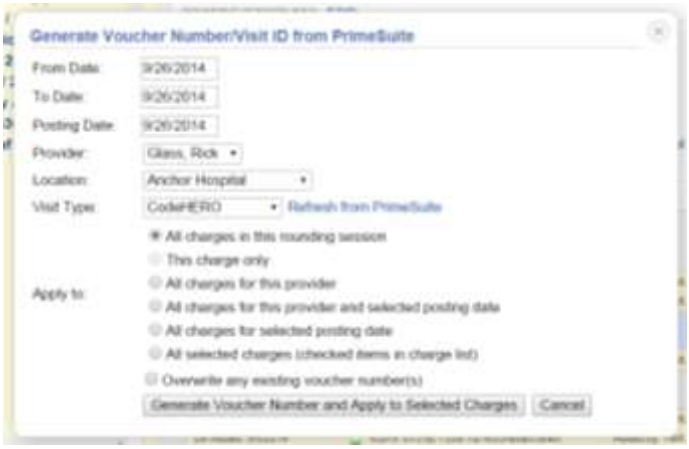
Use the generate Voucher tool to select the appropriate values for the visit.




Use the “Apply to” Options to select the desired action.

Click “Generate” to create the visit in the EMR and assign the voucher number to the appropriate charges.

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## FAQ

**What happens if I lose my phone?**
Not to worry, CodeHERO does not store any patient data on your device. Simply replace your phone, and you are ready to go.

**Do I have to manually synchronize my device with CodeHERO?**
No. Device synchronization is not necessary. When you make changes to a patient record in CodeHERO they are automatically saved and backed up. You never need to be concerned about data being lost, duplicated, or corrupted during or between sync operations.

**Do I have to install any programs on my phone or desktop?**
You never have to worry about installing or updating software or databases on your devices. The CodeHERO application runs remotely from a secure online server.

**How is my data protected?**
CodeHERO utilizes industry leading security technology. All data is encrypted to prevent packet sniffing. Access is password protected and role specific. No data is stored on local devices.

Recommended measures you should take to further secure your data include:

- Always secure your mobile devices with a password
- Never allow your browser to remember your login ID and password
- Never share your login ID and password with anyone
- Always "logout" from CodeHERO when you are finished
- Never leave your computer or device unattended.
- If you ever lose or forget your password, ask your practice administrator to reset it right away.

**Can other practices access my data?**
Users can only access data from their own practice. Data is partitioned and segregated by practice code. Data is never shared with outside institutions.

**What type of support is available?**

We welcome any opportunity to improve our performance. Your comments and suggestions help us develop enhancements and upgrades and have contributed to CodeHERO's success.

Online support is available 24/7.

Practice specific installation and implementation support is provided as part of your subscription.

Tech support requests for specific issues or enhancements can be submitted at anytime. A support associate will contact you directly to resolve the issue, usually within 24 hours.

**How do I know if my device is compatible?**

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Users can access and use CodeHERO from any internet enabled handheld or desktop device. There is no special configuration or setup required.

**Will CodeHERO work from multiple hospitals?**
Absolutely. You can create associations with multiple hospitals and store provider specific credentialing information for each provider. CodeHERO also accepts industry standard HL7/ADT communications from most hospital systems allowing patients on your census to automatically appear in CodeHERO.

**Can CodeHERO accommodate a large practice with multiple rounding groups and clinical teams?**
Yes, multi-team and complex cross coverage functionality is built in. Custom fields can be activated at any time to expand and adapt the program to fit the needs of your practice or institution.

**Can I export my codes to a medical billing clearinghouse or practice management system?**
CodeHERO's powerful export engine easily transmits codes to your practice management system or to your billing clearing house.

**Can I use CodeHERO with a centralized billing service?**
Yes. Practices that are part of larger institutions using a centralized billing service will appreciate the ability of billing personnel to access the system from any location without the need to maintain special configuration settings or remote desktop applications.

**What does HERO stand for?**
Handheld Electronic Rounds Online

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# TROUBLE SHOOTING

## OPTIMIZING CONNECTIVITY

Maintaining good connectivity to CodeHERO requires a working Internet connection. If you are having trouble accessing CodeHERO first make sure your internet connection is working.

If you are experiencing system slowness it may be due to a slow internet connection.

Check your internet speeds by performing a speed test at http://www.speakeasy.net/speedtest/

Connection speeds of 2MBPS Download and 1MBPS Upload is recommended for most desktop users.

Mobile users will experience acceptable application speeds with most 3G carriers or Wi-Fi enabled devices.

## SECURITY

- Never give your User ID or Password to anyone.
- If you forget your user password ask your practice administrator to reset it for you.
- Assign user roles judiciously to limit access to sensitive database elements.
- Never allow your browser to automatically store passwords.
- Use HIPAA compliant methodology when sharing patient information.

## MOBILE DEVICES

CodeHERO works best on mobile devices with touch screen capability and a full HTML browser. When possible utilize a Wi-Fi connection to boost performance of your device.

## GETTING HELP

If you need additional assistance please contact us directly at:

support@gocodehero.com

or call

1(877) 684 8429

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# RESOURCES

This section contains materials which will assist you in your implementation and use of CodeHERO.

- Implementation Overview
- Implementation Worksheet
- Pre Installation Survey

## INSTALLATION OVERVIEW

An implementation specialist will guide you through the steps of setting up your practice.

The main steps include:

- Identification of the practice administrator and super-users
- Creating the practice and administrator account
- Practice administrator and super-user training
- Creating users and assigning roles
- Loading locations and rounding groups
- Populating practitioner database
- Creating Favorites
- Training users and providers

## TRAINING:

Pre-recorded training is available in webinar format and can be accessed at any time.

Access to the training portion of the website is limited to registered users and can be accessed by following the "Support" link at the bottom of the CodeHERO desktop application.

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# INSTALLATION WORKSHEET

In preparation for your upcoming CodeHERO installation, please complete the following worksheet:

## PRACTICE INFORMATION

Name of Practice

Practice Address

Principal Contact

Phone Number

E-mail

## PRACTICE ADMINISTRATOR

The practice administrator is the user who manages all practice, billing, and user related settings.

Name of Administrator

Phone #

Mobile #

Pager #

Email

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## LOCATIONS

List the Locations where Providers will treat patients.

**Facility Name**

Address

City State Zip Code

Phone #

**Facility Name**

Address

City State Zip Code

Phone #

**Facility Name**

Address

City State Zip Code

Phone #

**Facility Name**

Address

City State Zip Code

Phone #

**Facility Name**

Address

City State Zip Code

Phone #

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## PROVIDERS

List Providers

**Name of Provider**

Phone #

Mobile #

Pager #

Email

NPI #

**Name of Provider**

Phone #

Mobile #

Pager #

Email

NPI #

**Name of Provider**

Phone #

Mobile #

Pager #

Email

NPI #

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**Name of Provider**

Phone #

Mobile #

Pager #

Email

NPI #

**Name of Provider**

Phone #

Mobile #

Pager #

Email

NPI #

**Name of Provider**

Phone #

Mobile #

Pager #

Email

NPI #

**Name of Provider**

Phone #

Mobile #

Pager #

Email

NPI #

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## USERS

List any additional users and their role(s).

**Name of User**

Phone #

Mobile #

Pager #

Email

Role: ☐Administrator ☐Billing ☐Page Operator ☐Scheduling

**Name of User**

Phone #

Mobile #

Pager #

Email

Role: ☐Administrator ☐Billing ☐Page Operator ☐Scheduling

**Name of User**

Phone #

Mobile #

Pager #

Email

Role: ☐Administrator ☐Billing ☐Page Operator ☐Scheduling

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**Name of User**

Phone #

Mobile #

Pager #

Email

Role: ☐Administrator ☐Billing ☐Page Operator ☐Scheduling

**Name of User**

Phone #

Mobile #

Pager #

Email

Role: ☐Administrator ☐Billing ☐Page Operator ☐Scheduling

**Name of User**

Phone #

Mobile #

Pager #

Email

Role: ☐Administrator ☐Billing ☐Page Operator ☐Scheduling

**Name of User**

Phone #

Mobile #

Pager #

Email

Role: ☐Administrator ☐Billing ☐Page Operator ☐Scheduling

**Name of User**

Phone #

Mobile #

Pager #

Email

Role: ☐Administrator ☐Billing ☐Page Operator ☐Scheduling

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**Name of User**

Phone #

Mobile #

Pager #

Email

Role: ☐Administrator ☐Billing ☐Page Operator ☐Scheduling

**Name of User**

Phone #

Mobile #

Pager #

Email

Role: ☐Administrator ☐Billing ☐Page Operator ☐Scheduling

**Name of User**

Phone #

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Email

Role: ☐Administrator ☐Billing ☐Page Operator ☐Scheduling

**Name of User**

Phone #

Mobile #

Pager #

Email

Role: ☐Administrator ☐Billing ☐Page Operator ☐Scheduling

**Name of User**

Phone #

Mobile #

Pager #

Email

Role: ☐Administrator ☐Billing ☐Page Operator ☐Scheduling

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## ROUNDING GROUPS

List any desires rounding groups and the members.

**Group Name**

Members

_____

_____

_____

**Group Name**

Members

_____

_____

_____

**Group Name**

Members

_____

_____

_____

**Group Name**

Members

_____

_____

_____

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## COMMON INDIVIDUAL PROCEDURES

List the most common individual procedures performed by your providers.

| Code Description | CPT® Code | Modifier |
|---|---|---|
| Associated Diagnosis | ICD Code | |
| Code Description | CPT® Code | Modifier |
| Associated Diagnosis | ICD Code | |
| Code Description | CPT® Code | Modifier |
| Associated Diagnosis | ICD Code | |
| Code Description | CPT® Code | Modifier |
| Associated Diagnosis | ICD Code | |
| Code Description | CPT® Code | Modifier |
| Associated Diagnosis | ICD Code | |
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| Associated Diagnosis | ICD Code | |
| Code Description | CPT® Code | Modifier |
| Associated Diagnosis | ICD Code | |
| Code Description | CPT® Code | Modifier |
| Associated Diagnosis | ICD Code | |
| Code Description | CPT® Code | Modifier |
| Associated Diagnosis | ICD Code | |
| Code Description | CPT® Code | Modifier |
| Associated Diagnosis | ICD Code | |

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## COMMON BUNDLED PROCEDURES

List the procedures which are commonly bundled together and the associated modifiers. Pay close attention to the order in which these codes are submitted.

| **Bundle Name** | **Description** |
|---|---|
| Associated Diagnosis | ICD Code |
| CPT® Code | Modifier |
| CPT® Code | Modifier |
| CPT® Code | Modifier |
| CPT® Code | Modifier |

| **Bundle Name** | **Description** |
|---|---|
| Associated Diagnosis | ICD Code |
| CPT® Code | Modifier |
| CPT® Code | Modifier |
| CPT® Code | Modifier |
| CPT® Code | Modifier |

| **Bundle Name** | **Description** |
|---|---|
| Associated Diagnosis | ICD Code |
| CPT® Code | Modifier |
| CPT® Code | Modifier |
| CPT® Code | Modifier |
| CPT® Code | Modifier |

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| Bundle Name | Description |
|---|---|
| Associated Diagnosis | ICD Code |
| CPT® Code | Modifier |
| CPT® Code | Modifier |
| CPT® Code | Modifier |
| CPT® Code | Modifier |

| Bundle Name | Description |
|---|---|
| Associated Diagnosis | ICD Code |
| CPT® Code | Modifier |
| CPT® Code | Modifier |
| CPT® Code | Modifier |
| CPT® Code | Modifier |

| Bundle Name | Description |
|---|---|
| Associated Diagnosis | ICD Code |
| CPT® Code | Modifier |
| CPT® Code | Modifier |
| CPT® Code | Modifier |
| CPT® Code | Modifier |

| Bundle Name | Description |
|---|---|
| Associated Diagnosis | ICD Code |
| CPT® Code | Modifier |
| CPT® Code | Modifier |
| CPT® Code | Modifier |
| CPT® Code | Modifier |

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## COMMON E&M CODES

List Common E& M Codes with descriptions and modifiers if appropriate

| Code Description | CPT® Code | Modifier |
|---|---|---|
| Code Description | CPT® Code | Modifier |
| Code Description | CPT® Code | Modifier |
| Code Description | CPT® Code | Modifier |
| Code Description | CPT® Code | Modifier |
| Code Description | CPT® Code | Modifier |
| Code Description | CPT® Code | Modifier |
| Code Description | CPT® Code | Modifier |
| Code Description | CPT® Code | Modifier |
| Code Description | CPT® Code | Modifier |
| Code Description | CPT® Code | Modifier |
| Code Description | CPT® Code | Modifier |

## CUSTOM FIELDS

List any Custom Fields that you would like to included in each patients record.

| Field Name | Check box or Text Field |
|---|---|
| Field Name | Check box or Text Field |
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| Field Name | Check box or Text Field |
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## PRE INSTALLATION SURVEY

What method are you currently using to capture hospital charges?

What do you like most about your current charge capture tool?

How do your providers keep track of the patients on their rounding census?

How long does it take for hospital charges to be received by billing Staff?

How much time elapses from the moment a hospital procedure occurs to when the charges are billed?

How do your providers communicate signoffs?

Does your practice have a tool to track missing tickets, or missing surgical charges?

What is the most frustrating part about keeping track of hospital charges and rounding activity?

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